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ABSTRACT

Designed primarily for low-income Mexican American families, the program's goals were to: expand the mother's skill and knowledge of child rearing practices and their daily use; develop her self-confidence and perceived ability to influence her child's development; increase her skills in dealing with her institutional environment; nurture her involvement with and responsibility for the program; and expand her human relations skills and preventive mental health practices in dealing with her own and her family's needs and emotions. To best achieve these goals, a 3-faceted approach was initiated: a program for mothers, a children's program, and a service component. From January 1972 to June 1974, 126 mothers and 250 children participated in the program. The program was evaluated to identify the participants' social and demographic characteristics, their utilization of existing community resources, their attitudes toward the program, and the program's impact on the mothers' child rearing repertoire and self concepts. Some data were collected on a comparison group, consisting of mothers whose children participated in the 1972-73 and 1973-74 Headstart Program. Overall, it was found that mothers increased their participation and sense of responsibility at the Centro, had better resources and skills to solve their problems, and valued their child's and their own learning process. This report discusses the program's goals, progress, and evaluation. (NQ)

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CENTRO FAMILIAR de SANTA BARBARA

SANTA BARBARA FAMILY CARE CENTER

A MODEL FOR LOW-INCOME AND CHICANO PARENT EDUCATION

Final Report

Hanne Songuist
John Songuist
Robert Wolf

OCD Research & Demonstration Grant # OCD-CB-127(C2)

305 East Anapamu Street
Santa Barbara, California 93111

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FINAL REPORT

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Staff of Centro Familiar de Santa Barbara

September 1974

Director/Parent Program Coordinator
Elvia Cardenas

Administrator/Head Teacher
Frances Miyade

Research Director
Marae Sonquist

Research Analysts
Teresa Ramirez Boulette
John A. Sonquist

Research Assistants
Hugh Kawabata - Data Processing
Robert Wolf

Teachers
Gloria Holguin
Cecelia Alvarado Kuster
Zarith Leyva

Teacher Aide
Annie Montoya

Cook
Rosie Uribe

Secretary
Maria Robles

Transportation
Barbara Valencia

The contributions of past staff members are gratefully acknowledged:

Co-director - Penelope Davies
Research Analysts - Manuel Carlos, Reyes Ramos
Head Teacher - Donna Coffman
Teachers - Eileen Arrellano, Luisa Campos, Virginia Contreras
Secretary - Joan Kanter
Community Services Coordinator - Evangelina Diaz
Worker in Crisis/Transportation - Susie Dominguez
Research Assistants: Raydean Acevedo, Ann Carlos, Martha Echeverria, Cyndi Ferrari, Lidia Garcia, Viola Garcia, Luz Maria Hernandez, Ruby Hernandez, Helen Jimenez, Joan Lehman, Marta Perez, Mercedes Sanchez, Rochelle Shapell, Elisa Davila Smith, Carmen Valencia, Patricia Zarate

Preface

Often, reports such as this are called "final", and this indicates the program described is no longer in operation. This report is "final" only in the sense that it describes the functioning, growth and change that took place during the period Jan. 1, 1972 - December 31, 1974, the time it was funded as a research and demonstration project by the Office of Child Development (Grant # OCD-CB-127(C2)). Not only is the program continuing, funded now by multiple sources, but it is active in its search for funding for its future operation and exploring future research directions. Moreover, it has deeply touched the lives of those that have been involved in making it work - the participating families, staff and community volunteers - all our lives are immeasurably enriched and deepened, and the effects on us keep spilling over into the contributions each one makes in their life in the community.

It is impossible to thank or list even in small part, the many individuals and organizations that have contributed to the effectiveness of this program from its inception, throughout the research and demonstration phase of the program, and now in the ongoing efforts to keep the program operative.

In the planning stages of the program, we gratefully remember the help of Dr. Norah Clancy, Dr. Sidney Ottman, Les Unterseheyer, Patricia Markiewicz, Sarah Foot, Terrence Davies, Katherine Tremaine, Hilda Wenner, Erleen Goodell, Rev. A. Harrington, Terry Jones, Duane Ragan, Dollie Lynch Wolverton, Jenada Nolan, Dr. Esther Kresh.

During the years of operation, we have had enormous support and help from Roger Heroux, Lorenzo D'Allarmi, Ruth Smith, Blas Garza, Dr. Amado Padilla, Dr. Martin Bobgan, Rev. Donald Locher, Abelino Bailon, The Concilio De La Raza, Leo Martinez, Mary Ann Martinez, Dr. Robert Lagomarsino, Senator John Tunney, Senator Alan Cranston, Rep. Gary Hart, Senator Omar Rains, Ruth Bowser, Dr. Ramon Garcia, Dr. Louise Brown, Everett Chaney, Dr. George Lyman.

We have had the gift of the United Methodist's Church sharing their facility with us, the ongoing cooperation of Santa Barbara City College Adult Education Division, Student Teachers from the Santa Barbara City College Nursery School Program, Dr. Joanne Hendrick, and Santa Barbara County Mental Health Department, with special help from Dr. Charles Allen, Dr. Axel Johnson, Dr. Ladd McDonald, Dr. Teresa Ramirez Boulette, and Dr. Evie McClintock.

As we faced the transition from research and demonstration program to operating program, we have received support and some funding from The Sunflower Foundation, Santa Barbara City Council, Santa Barbara County Department of Mental Health and Stanley Sheinbaum.

We gratefully acknowledge the help and expert typing in preparing this report by Kathleen Schroeder.

Most of all, we have had deeply involved dedicated families participating in the program, and a staff that gave of themselves beyond just a "job" committment. To all, we and the community at large are grateful for a demonstration of how a program of growth for parents and children that is bilingual and bicultural, can and does function, contribute to mental health, and deeply enrich the community.

This report can only begin to record a dynamic process that has taken place over the past three years. It mirrors times of great beauty and hope and times of confusion and disappointment. It attempts to convey not only the positive processes, but also those that were difficult, in hopes that they may be of help as other communities implement this kind of program from themselves. It is our feeling that the model we have developed, grown with, changed and changed with is one that can be used with groups of people everywhere.

Background

A. Review of Preschool Interventions

In our industrial society the educational institution is virtually the only legal channel of upward nobility for young people from families of low socio-economic status. Tragically, however, a large proportion of such students experience only failure in school and thus are cut off from the opportunities for the mobility thet desire. Work by Hess and Shipman (1969), Gray et al. (1967), Deutsch (1963), and many others has shown that characteristics of the disadvantaged home converge to produce a milieu dysfunctional for school success. The home language pattern does not support complex logical thinking, punitive disciplinary practices foster reliance on external sources of control rather than inner control; the absence of role models hinders the learning of study skills; the scarcity of reading and writing materials restricts the child's intellectual growth; the emphasis on physical prowess and toughness contradicts the school's values of verbal mediation; the reliance on fate rather than on personal effort to achieve success minimizes the planning of behavior which considers consequences; and the control exerted by parents tends to inhibit rather than encourage exploration and inquiry.

The irony is that low-income parents and their children do share the values of middle-class society for academic success. They too want their children to do well and reap the benefits of an affluent society. The difference is that middle class parents know how to attain their goals whereas lower-class parents, for the most part, do not. There is a "hidden curriculum" in middle-class homes preparing the child for school and promoting his learning once he enters the educational institution. Since the schools are mainly geared to middle-class Anglo families, the child who grows up in non middle-class environments is at a disadvantage.

In the past ten years a number of programs have focused on altering nonfacilitative child-rearing patterns and enhancing cognitive stimulation in the home. Some programs have involved the preschool child, others, the youngster in the early grades. Among those responsible for developing such programs are Karnes (1968) and Painter (1968) in Urbana, Illinois, Radin and Weikert (1967), and Ohran and Radin (1968) in Ypsilanti, Michigan; Gray and Klaus (1965) in Nashville, Tennessee; Gordon (1966) in Gainsville, Florida; Deutsch (1965) in New York; Schaefer (1967), in Washington, D.C., Lane, (1971) in San Francisco, California. In all of these programs stress has been placed on the fact that parents are capable of helping their children, but some have never received instruction in doing so. The message conveyed is that low income parents are competent individuals who lack some skills which can be learned.

Some of these programs, such as that developed by Karnes (1968; 1973) consisted of group discussions with mothers of preschool children. The children were not involved directly. Rather, the mothers were given instruction in conducting activities and in making materials which would stimulate their youngster's intellectual abilities. Karnes found a significant increase in the IQ of the participants' children after a few months. No such increase occurred with the children of a matched control group of mothers not in the program.

The programs developed by Susan Gray (1967) take two approaches to educating parents. In one, low income mothers of preschool children are visited in their own homes by parent educators who offer individual instruction in stimulating young children's cognitive development. During the visits, the home counselor engages in a tutorial session with the child, thus providing direct service to the youngster, and providing a model for the mother. In Gray's second project, the preschool child is involved in a half-day class while the mother participates in weekly discussion groups focused on child rearing and cognititve stimulation. In addition, the mother spends time in the classroom as an aide, and is visited periodically in her own home by the parent educator for demonstrations of activities discussed in the group. In Gray's programs, as in Karnes', significant gains were found in the children's IQ's which did not appear in control groups. Further, dramatic changes appear to have been made in the mothers, many of whom are now employed as parent educators themselves.

In Ypsilanti, Michigan, three models were initiated at the preschool and kindergarten level. In the Early Education Program, eighty four-year-old children attended school one-half day and were visited in their homes bi-weekly by the classroom teacher for tutorial sessions. In these home visits, the mothers observed and were encouraged to participate so that they could engage in similar activities when the teacher was not present. In addition, a portion of the parents participated in weekly group discussions focused on child management techniques. During the 1967-68 school year, significantly more changes occurred in the child rearing attitudes and practices of mothers participating in the group program than occurred in a group of control mothers whose children were not in the preschool program (Radin and Wittes, 1969).

From these and other demonstration and research projects have come detailed descriptions of content and methodology for use in parent work. For the most part these books, brochures, and papers offer specific instruction in techniques of working with parents. However, all this material is designed to be taught to parents giving the parent the role of pupil, as is given to their children. The <u>focus has not been on parental participation in running the program</u>.

b. <u>Mexican American Parent-Child Education</u>

The programs described above have focused mainly on poor white and black families. The area of Mexican-American parent-child education has been very slow in developing. There have been only a few programs that have focused on preshool education for Mexican-American families, yet there has been considerable research on the education, psychology, and sociology of Mexican Americans. (Vaca 1971)

Early work by Coers (1935), Manuel (1935), and Yarbrough (1946) on Texas Mexican-Americans documented some of their educational problems; lower I.Q. scores, more children over age in terms of grade placement, dropouts, poor academic achievement and grade point averages. Explanatory factors presented in these analyses include the minority group membership with its accompanying poverty, poor English fluency, low achievement motivation and negative self concept.

Of particular interest in understanding the dynamics of achievement in Mexican American children are studies that compare achievers and nonachievers within the Mexican American population. Such studies challenge the stereotype that all Mexican Americans are underachievers, while providing illuminating information about factors contributing to poor scholastic performance within the cultural context of a Spanish speaking milieu. Gill and Spilka (1962) found that achievers manifested less hostility toward authority figures, more willingness to conform and better work habits than nonachievers. Padilla and Ruiz (1973) in a coherent review of the literature concerning the achievement of Spanish speaking Americans note that "as with any child, regardless of ethnicity, tradition, or subcultural membership, academic performance among SSSS (Spanish Speaking Spanish Surname) children depends upon a significant number of interacting variables, intelligence, verbal fluency, reading skill, study habits, attitudes toward teachers and family structure to cite only the most obvious" (p. 103).

Henderson and Merrit (1968) compared "high potential" Mexican American first graders to their "low potential" counterparts. Potential was measured on two non-verbal tests of intelligence. After interviewing the mothers of these children they concluded that "children in the high potential group apparently came from backgrounds that offered a greater variety of stimulating experiences than were available to those children in the low potential group" (1968, p. 103).

In a further study of these hypotheses Henderson (1972) followed up 35 of these children at the end of the 3rd grade and correlated their scores on the California Reading Test with scores on environmental process variables elicited from the mothers' interviews at the first grade. He reported correlations ranging from .39 to .61 between reading scores and the environmental process variable, i.e. achievement press, existence of role models in the home, academic guidance, activeness of the family, intellectuality in the home, identification with models, range of social interaction and perception of practical value of education.

The studies mentioned above identify the characteristics of the home that could be altered to improve the child's performance in school. Recent writers have started focusing more on the characteristics of the school settings in which children are expected to perform. Castaneda, Ramirez and Herold (1972) suggest that a climate of "cultural democracy" in the school, permitting each child to remain identified with his own ethnic group while adopting mainstream values and lifestyles, can provide an optimal environment for Mexican American children to develop and achieve.

Programs for Mexican American children, putting together the results of this research and responding to the pressures of the Mexican American civil rights movement, have embraced the principle that the most promising education strategy is to try to make the child a success in both cultures, create greater understanding and respect between the Mexican American parents and school personnel, and also sensitize the school's personnel to the unique cognitive styles and needs of the children (Ramirez, 1973).

There are two notable early programs that were based on these assumptions: the so-called Nambe and Taos projects, both in New Mexico, which tried to convert the existing schools into community schools, and the focal point of

community development. Another unusual attempt was a two-way bilingual approach tried in Laredo, Texas, which had both Anglo and Mexican children learning in both Spanish and English.

Another preschool program, the Good Samaritan Center in San Antonio, Texas works with Spanish speaking children towards building confidence, expanding language skills, developing perceptual and motor abilities. The Center has also a program for mothers who are not included in the preschool project. These mothers are trained to teach their children and are observed as they work with them at home. Thus the effects of working directly with children vs. working indirectly through their mothers will be compared (Yahraes, 1971).

The University of Houston Parent Child Development Center has been implementing an intervention that focuses on improving the teaching skills of the mother. In-home teachers observe mothers interacting with their 1-year olds and help them acquire teaching techniques that would improve the children's cognitive development. When the children are 2-years old, the mothers participate at the Center where they are taught home management and child rearing skills. The evaluation of the program indicates changes of maternal behavior towards children: mothers become more affectionate, more accepting and reinforcing of exploratory behavior. (Hazel Leler, Personal Communication, 1974)

In summary, most of the successful interventions at the preschool level have been operating on the assumption that scholastic underachievement, maladjustment and other indicators of underutilization of an individual's potential can be prevented if the family can be helped to acquire skills that will optimize its functioning. A successful preschool intervention for bicultural Americans should deal with the family, to increase competence and decrease alienation, to facilitate transition from one culture to the other and participation in the institutions of the new culture. This has been the objective of the Santa Barbara Family Care Center which provides a bilingual and bicultural program, with parents as active participants in their own and their children's education. As a program attempting to involve the parents in a mutual positive, bilingual, bicultural experience early in the life of the child, it hopes to be a step in overcoming the barriers of misunderstanding and alienation.

c. Rationale for the Centro Familiar

Santa Barbara is an affluent area ranking 24th in median family income. Yet, as Dr. Everett Duvall's Poverty Study (1966) indicated, one family out of eight receives less than $3,000 in yearly income, and 15.4% of the city's population are ranked below or at the poverty level. The Mexican American minority population in Santa Barbara live scattered in two geographical locations, the lower east and west sides. Although over one fourth of the city's population is of Mexican origin, there are no Mexican Americans on the school board. There are relatively few bilingual teachers in the elementary and high schools, 8 out of 294 at the elementary level and 43 out of 1,000 in the secondary.

Santa Barbara has a Head Start Program serving 32 children (4-year olds), a city sponsored compensatory preschool for 120 children (4-year olds), two day care centers for low income working parents serving 80 children (3-4 year olds).

Each of these programs attempts to bring in the parents and involve them in the education of their children. Parents are invited to attend and observe the professionals teach their children. Night meetings are held for those interested. Parent involvement components are included in the goals of these programs, but their principal goal is to educate the individual child.

In contrast, the approach developed by the Centro Familiar is based on the proposition that some of the problems faced by low income Mexican American families, namely the frequently unsuccessful school experience of their children, are illustrations of unsuccessful relationships between the family and the school, rather than inadequacies of the individual child. Accordingly, the staff worked towards a successful intervention at the preschool level which included the following components: (a) a bilingual-bicultural enrichment program to enhance the children's linguistic and social skills; (b) an expansion of the mother's teaching skills to provide continuity of enrichment outside the preschool; (c) parental participation in the running of the program, to increase the mother's capability for effective participation in educational and other community institutions; and (d) an emphasis on preventive mental health practices that mothers could institute in their families.

The necessity of the first component is obvious. Scholastic failure of Mexican American children has been related to poor language skills and lack of intellectual stimulation in the home (Henderson and Merrit, 1969; Anderson and Johnson, 1971). Preschool programs that enrich the cognitive, social and sensory experiences of the child have been shown to benefit subsequent academic performance (Karnes, 1973). The biculturality of the families involved in the program required that this enriched environment provide the children with knowledge of the traditions, customs and folklore of both cultures in which they would be functioning.

Moreover, it was acknowledged that the effects of the program would be temporary unless the parents were helped to provide some continuity of enrichment in the home environment. The challenge was to create an institutional framework within which Mexican American parents would develop their version of "hidden curriculum". A setting where they could learn the ways of fostering the cognitive and social growth of their children through increased interaction, communication, reinforcement of exploratory behavior and promotion of autonomy. To the extent that Mexican American mothers could acquire such skills as part of their child rearing repertoire, and could use them in transmitting the heritage of their culture, the consequences for the children would include gain in linguistic skills, a more favorable self-concept, increased confidence and pride in themselves and their ethnic group.

The third component of the program parent involvement, recognizes that one reason for unsuccessful relationships between Mexican American parents and the school has been the frequent inability of low income families to cope successfully with the demands from bureaucratic institutions. Behind the absence of informed parent participation in the educational system is the absence of adequate institutional frameworks for Mexican American mothers to learn ways of coping with organizations, and to acquire self concepts as people who can exert an active influence over their children's education.

Adult education programs and parent sessions in preschool programs could teach mothers some ways of dealing with institutions. There are several reasons

why these resources are not usually utilized. Approved married female role definitions among many Mexican Americans do not include going to the classes, and being "a student"; rather, the wife is supposed to be at home taking care of her family. Husbands do not want their wives going out at night, and most classes require evening attendance. In addition, most programs require that the mother leave her children at home, a behavior that is not approved by her social milieu. The Centro Familiar developed a program for mothers and their children, thus maximizing participation and minimizing disruption of existing family patterns by permitting mothers to function within their culturally accepted role definitions. Furthermore, participation in the program in a central "teacher-like" role rather than in a peripheral role as an "aide", provided experience that fostered the development of a self image of "mother as an active socializing agent".

The fourth component, the preventive mental health emphasis, slowly evolved out of the mothers' and staff's realization that the former needed support to handle current and future problems in their families. This component of the program grew out of a joint recognition that appropriate child rearing techniques and human relations skills would contribute to the family's optimal functioning and to the prevention of disrupting individual and family patterns.

In summary, this program has confronted the need to expand the children's preschool abilities as well as increase the mother's repertoire of child rearing knowledge and skills. It has aimed at increasing the mother's capabilities for effective participation in community institutions, starting with itself as a community organization. Underlying all these has been the attempt to foster the mother's self confidence and skills as active participants in their children's and their family's well being and growth.

Description of the Program

a. History:

Santa Barbara has a Mexican American population that accounts for over 25% of the total population. Yet, schools have only recently become responsive to the needs for bilingual-bicultural programs, and new school programs have begun to be implemented in the community.

In 1970, in an effort to reach Mexican American parents and younger children, the Adult Education Division of Santa Barbara City College instituted an Outreach Mobile Parent-Child Workshop. This was a program which provided a teacher and a teacher aide, who drove a van equipped with preschool toys and equipment to several parks in the city. Mothers were invited to come to the park with all their preschool children, to help teach their children with the materials provided, and to take part in a program of community resource speakers for themselves.

Mothers did come - but due to cold and rainy days, attendance was irregular, Mexican health folkways inclined mothers against the notion of putting young children on the cold ground in an unfenced area, and more and more interested parents asked the teacher for a "place to have our school".

The teacher agreed to try to help the mothers achieve this. Adult Education didn't have the resources adequate for such a program, so the mothers gave

a Mexican luncheon to raise money for incorporation as a non-profit corporation. This enabled the teacher and other interested and concerned people to develop a proposal for a parent-child education program, and to seek funding for such a venture from the Office of Child Development.

Meanwhile, community support was demonstrated by an offer from the First United Methodist Church to use their facilities. In September, 1971, while the volunteer staff was seeking funds, the program began, with no formal funding, little equipment and great dedication on the part of mothers and staff. In January 1972 the project was notified that it had been awarded a research and demonstration grant by OCD. In addition, the program has been provided with "in kind" contributions (approximately $24,385 per year) especially in the areas of medical, dental and mental health and adult education. In June 1974 it received $23,600 of Revenue Sharing Funds from the City of Santa Barbara; in January of 1975 it received a $10,000 grant from Santa Barbara County Mental Health. With these funds, the program has been in operation for three years, carrying out a program for mothers and children and research that evaluates the program's impact on the participants.

b. Facilities

The Centro Familiar uses part of the extensive facilities owned by the First United Methodist Church at 305 E. Anapamu Street, Santa Barbara, California. On the ground floor there are three rooms, all well equipped with furniture and educational materials for young children. In addition, a kitchen, several bathrooms, occasional use of the large gymnasium for indoor play, where there is equipment for climbing and large motor activity, are being used. A large multi-purpose room for group singing or movement is also available for occasional use. Upstairs, the Centro has office space and use of three rooms for parent education classes and discussions.

In addition, the Centro rents yard space from the church, and has fenced the yard and equipped it for outdoor play with the help of the fathers and mothers. Mothers and children are brought to and from the center by a school bus, which makes possible attendance by mothers who usually lack transportation, and also allows an educational program on the bus itself.

It would be usual to simply state these facts about the facility. However, to be consistent with our concern to report process, it is vital that we also report some of the interaction between the Centro Familiar and the Church.

When the church first offered the use of its facility, largely due to the enthusiasm of the Minister, Rev. A. Harrington, the board of directors had little idea of the scope of the program and indeed its permanence. As the program became funded, the hours increased and we "oozed" from using just two rooms and occasional use of the gym, into daily use of the kitchen, use of classrooms, an office room, multi-purpose room and increased the hours of occupancy. Simultaneously, we also acquired equipment for the classrooms that were shared by the Sunday School, and provided carpeting for those rooms.

However, our increased use of facilities was seen as threatening by some members of the church and required, on their part and ours, a willingness to meet, to share plans and objectives, and to demonstrate flexibility, responsibility,

and concern for the best use of the building. As we were to find in all aspects of the program, basic trust and open communication was a vital first step in creating a viable program, since this was a prerequisite to positive human interaction.

That this was done, and that, with the great help of the minister, the congregation has been supportive and approving of the program, is another demonstration of the ability of a community group to participate in the growth of a minority population, and in the process, to enhance their own growth and appreciation of societal problems. We have not found "the answer" in this interaction. It continues to need nurturance, openness and awareness.

c. Staff

The original staff group grew out of the persons that first conceptualized the possibility of such a program. Initiated by the teacher of the original Adult Education Mobile program, another preschool teacher was shortly involved, and then a person with past experience in early childhood research programs. As possible funding sources were explored, roles for these people were delineated into co-directors and research director. During the writing of the proposal it became clear that more research and bicultural expertise was needed, so two research analysts were added. When, without funding, in September 1971 the program started, the mobile unit aide, and a mother that had attended that program became the volunteer aides of the volunteer co-directors and research director. A friend of one director functioned as a volunteer secretary and a mother volunteered for snack preparation.

Therefore, when funding was obtained, there was a rather unplanned, enormously dedicated volunteer staff group that was suddenly a paid staff:

Co-directors - "Anglo" - no Spanish skill, trained in elementary education and experience in preschool
and
"Anglo" - no Spanish skill, trained in nursery education, experience in nursery school teaching and administration of own school.

Two "teachers" - Mexican-American - bilingual - no formal training.
past aide
involved as parent in her own children's school.

One Secretary - "Anglo" - no Spanish language skill, little formal training.

One cook - Mexican American - no Spanish, no training, experience at home for large family groups

Research Director - "Anglo" - some Spanish language skill, trained in early childhood education, director of Early Childhood programs, experience in research programs

Research Analysts - Mexican American - Bilingual Sociologist, ethnomethodologist
and
"Anglo" sociologist - methodologist, little Spanish

This staff was to meet the needs of the largely Mexican American group of mothers and children, about half of whom were monolingual Spanish, and about half of whom had attended the Mobile preschool unit the previous year that had its teacher the now co-director, and one of the aides.

Problematic from early days were staff job definitions, lack of bilingual language skills, and bicultural knowledge. Positive aspects of the staff were their dedication, enthusiasm and warm relationships with participants.

As soon as funding was assured, the search began for a director-in-training, who would "take over" as director during the course of the project. A qualified person was found and became available in June 1972. This step was seen, along with increased parent competence and "control" of the program, as part of the process of making the program not one "for" the community but "by" the community. The stated goal of the program in the initial proposal was to gradually change the staff from the largely "Anglo" group to a staff reflecting the ethnicity of the participants. That this actually has occurred is a tribute to staff and participant growth and commitment.

In the fall of 1972, the staff reassembled to look like this, with the following job descriptions:

Co-Directors - curriculum and parent program director (same as previous year)
Administrative director
("Anglo" - no Spanish skills)

Director trainee - learning all aspects of program - translator in parent meetings. (new)
Mexican American - bilingual

Research Director - Responsible for carrying out total research program
same as previous year
Anglo - some Spanish skill

Two research assistants - Anglo bilingual - one same - one new

Research Analysts - Sociologist - focus on methodology - same (Anglo)
Anthropologist - bicultural input (new)
(M.A. Bilingual)

Secretary - experienced in bookkeeping, some typing skill - new
Mexican American - bilingual

Cook - Mexican American - no Spanish skill - same

Three teachers - no training - one now in Santa Barbara City College Program
Mexican American - bilingual - two same - one new

Parent/Community Resources Coordinator - Mexican American - Bilingual - no formal training - to help parents learn to use community resources, help in times of family crises - new

The staff additions not only included the director-trainee, but also a "community resources coordinator". This position was seen as needed because of the many crises that the participating families faced, especially in the areas of health, housing, and family problems. The teachers and directors had done a great deal of helping in these areas, but increased enrollment made it impossible to devote the time needed for this task, especially since it was seen as important that persons needing help not just be "done for", but helped to learn how to use community resources for the future as well.

Also, the original secretary left to go to school, and a Mexican American, bilingual person was hired for the job. The original bicultural research analyst moved and another bicultural research analyst was found and hired.

The staff continued to struggle with role defintions, and also somewhat differing views about the direction of the program relative to decision making processes, the role of participants in deciding Center policies, and the format of the classroom learning for the children as it related to the bilingual and bicultural content.

The first six months of operation, staff meetings were held after school, with time pressure often limiting discussion. It was decided, in the fall, to have bi-weekly field trips, to enable the staff to have bi-weekly work and planning days, which would allow more time for the staff to work on planning and curriculum provide feedback to the research team, and deal with staff problems.

During the early part of 1973, staff conflict over the issues mentioned above increased, and the staff began to meet with a staff member of the Santa Barbara County Mental Health Department, who also regularly met with the mothers in the program in the Mental Health discussion group. The staff worked hard at clarifying roles and program objectives, but there really were great underlying differences, and in April 1973, the curriculum director resigned.

After great soul-searching on the part of the staff, with help from outside consultants, it was agreed that we needed to restructure the staff with new titles and clear functions. For the remainder of the 72-72 school years, our director-trainee agreed to assume full program responsibilities in both the parent and children's program, with the understanding that for the next year we would hire a head teacher. That person would be able to supervise the classroom teaching and activities and be a resource for the teachers and parents. The whole staff supported the principle of a single director who was bilingual and bicultural, and we worked out job descriptions for every Centro position that stressed the need for every staff member developing the ability to work as a staff team. We also agreed that any head teacher hired would preferably be bilingual and bicultural as well. We felt that the whole teaching staff needed to feel they could work with her, especially since the teachers had had little training and part of her job would consist of in-service training for teachers. We made great efforts to accomplish the former, but had no applicants with those qualifications. We did, however, find a head teacher with a great deal of experience, ability and warmth, and in September 1973 the staff consisted of:

Director - Mexican American, bilingual, overall supervisor of program, director of parent program

Administrator - responsible for all administrative aspects of the program, supervision of educational program for the bus, supervision of nutritutional program - Anglo - little Spanish skill

Head teacher - Anglo - no Spanish skill - responsible for children's classroom programs, resource and training person for teachers.

Research Director - Anglo - some Spanish skill

Research Analysts - Psychologist - Mexican American - bilingual
Sociologist - Anglo - some Spanish skill

Research Assistants - three assistants - one Anglo, bilingual - two bicultural, bilingual

Teachers - four Mexican American - bilingual

Cook - Mexican American - no Spanish skill

Secretary - Mexican American - bilingual

Community Services Coordinator - Mexican American - bilingual

Staff changes again reflect mobility. The bicultural research analyst left the area for another research project, and we were fortunate to find a highly qualified woman psychologist, bilingual, bicultural, who knew the program well, as she also worked with the mothers through Santa Barbara County Mental Health Department. As the research became more demanding, more research assistants, employed on an hourly basis, were hired. All new assistants, except for those not working directly at the Center, were bilingual and bicultural. Two more teachers were hired, to enable four age groupings of children to be made. All teachers were bilingual and bicultural and all were enrolled or helped by the Centro to enroll in the nursery school education program at Santa Barbara City College. The position of Community Services Coordinator was eliminated when the person filling that position moved to a full time job, and the staff felt that parents and existing staff were able to deal with problems as they came up. The staff remained constant for the 1973-74 school year. Continuing to meet regularly, work out relationships between administrative - "professional" staff, problems between program and research staff and placing energy into program planning, the staff also was able to begin to develop self evaluation. Again problems arose when resentment appeared in areas centered on how the program was being carried out, what staff wanted versus what parents in the program indicated <u>they</u> wanted, and the need for a team rather than individual approach to Centro functioning. Two teachers who found the team approach too difficult were not rehired for the next school term.

As a result of continued struggle to create a viable team, to put energies into creating a harmonious growing atmosphere for parents, children and staff, the director greatly increased in her intergroup relations competence and confidence, and the last six months of the program found implementation of a staff model seen by all as most productive both in structure and composition, for this kind of a parent-child, bilingual-bicultural growth center:

September 1974 - December 1974

One Director - overall program responsibility and total planning with parents, of parent program

One Administrator - Classroom supervisor - all administrative supervision and a planning resource for teachers

Three teachers - responsible for program for their age group and coordinating activities between classrooms

One Teacher-Aide - help teachers with classroom programming

One Secretary

One Cook

The research staff continued as before, but at this point no longer were collecting data and were not working at the Centro location. The researchers too had benefitted from increased feedback by the staff reporting both negative and positive feelings about the researchers and research process, and the program staff got feedback results from the research team.

All this is only a capsule description of a dedicated, at times difficult, at times tremendously rewarding effort on the part of many people to develop a viable model for staff interaction and functioning that crosses cultural, status, language and personal barriers. The stated objectives of the staff composition desired by the end of the initial phase of the program were achieved. Also, it was seen that while it may not always be possible to find bilingual-bicultural qualified and available teachers for an early childhood education program, it is possible to find competent committed people who can, with a combination of in-service training and the help and support needed for enrolling in a college early childhood teacher training program, become both competent and certificated teaching staff members.

It may also be mentioned that a great deal of strain was placed on the staff for half of the program's duration, to obtain future funding. Time and energy that might well have gone into the program and research was used to contact foundations and government agencies, write proposals and develop presentations in order to insure program continuation. We recognize this is a problem present in any program where participants are pleading for program continuation, staff is committed to program continuation and that this continuation is dependent on finding sources of new, hopefully long term funding. The fact that this period of time also occurred at a time of a national cutback of funds for social and educational programs, was yet another difficulty.

It was, however, a very conscious effort, on the part of the staff, to transform a program that began as a very "Anglo" directed program for Mexican American participants into a program with a staff that was composed of almost all Mexican American persons, and largely given its direction by the participants in the program. That this transition actually happened is a testament to the devotion and commitment of staff members and participants.

The Distribution of SBFCC Staff by Time Period, Ethnicity, Training, Language Use, and Position. (The proportion of a Column Occupied by a Given Ethnicity Indicates What Proportion That Ethnicity Was of the Total Staff)

January, 1972	September, 1972	April, 1973
ANGLO Co-director NS, T Co-director, NS, T Research Director SS, T Research Analyst SS, T Secretary NS, PT	ANGLO Co-director NS, T Co-director NS, T Research Director SS, T Research Analyst SS, T Research Assistant BL, PT	ANGLO Administrator NS, T Research Director SS, T Research Analyst SS, T Research Assistant BL, PT
MEXICAN AMERICAN Teacher BL, NT Teacher BL, NT Cook NS, NT Research Analyst BL, T Research Assistant BL, T	MEXICAN AMERICAN Director trainee BL, T Secretary BL, T Community Resources Coordinator BL, NT Teacher BL, NT Cook NS, NT Research Analyst BL, T Research Assistant BL, T Research Assistant BL, PT Teacher BL, NT	MEXICAN AMERICAN Director BL, T Secretary BL, T Teacher BL, NT Teacher BL, NT Cook NS, NT Research Asst. BL, T Community Resources Coordinator BL, NT Research Analyst BL, T Research Asst. BL, PT Research Asst. BL, PT Research Asst. BL, PT Research Asst. BL, PT

CODE
Language:
- S speaks Spanish only
- SS English is primary language, but speaks some Spanish
- NS speaks no Spanish
- BL bilingual

CODE (Continued)
Training:
- T trained/educated
- PT partially trained or educated
- NT not trained or educated

September, 1973	September, 1974	January, 1975
ANGLO Administrator SS,T Research Director SS, T Research Analyst SS, T Head Teacher NS, T Research Asst. BL, PT Research Asst. NS, PT	ANGLO Administrator SS, T Research Director SS, T Research Analyst SS, T Research Asst. NS, PT	ANGLO Administrator SS, T
MEXICAN AMERICAN Director BL, T Secretary BL, T Worker in Crisis BL,NT Teacher BL, NT Teacher BL, NT Teacher BL, PT Teacher NS, PT Research Analyst BL, T Research Asst. BL, PT Research Asst. BL, PT Research Asst. BL, PT Cook NS, PT	MEXICAN AMERICAN Director BL, T Secretary BL, T Cook NS, PT Teacher BL, NT Teacher BL, T Teacher/nurse BL, PT Aide BL, NT Research Analyst BL, T	MEXICAN AMERICAN Director BL, T Secretary BL, T Cook NS, PT Teacher BL, PT Teacher BL, T Teacher/nurse BL, PT Aide BL, NT Aide BL, PT

d. Client Sample

Between January 1972 and June 1974, we served a total of 126 mothers and 250 children. This means all of these people were directly served, with "spinoff" to the rest of the family. In addition, a total of 60 mothers and 120 children were accepted between April 1974 and December 1974 although we have no data on them since there was no time to collect pre and post interviews and observations. We have had brief contact with even more families, since no one is counted as part of the group unless they have attended 4 times. We were unable to obtain data on those people that indicated they wanted to come and then didn't or those who came only a few times and then stopped coming.

A. The project operates five days a week. Two groups of 30 mothers participate at a time, each mother and her children (child) attending twice a week. In addition, one day, bi-weekly all participate in a field trip together.

The program is designed to serve mainly low income Mexican American families. Our financial means test is somewhat flexible, since Spanish monolingualism is perceived as much a handicap for our families in dealing with life in a basically English monolingual society as are extremely limited financial resources.

A profile of the background of the families in our study show the following characteristics:

Demographic Data:

Selected Demographic Characteristics of SBFCC

Demographic Characteristic	1972 - 1974 SBFCC Group (N. 108)
Average family size	4.9
" adults in family	2.2
" no. of children in family	2.7
" no. of children in elem. school	.9
" no. of children in program	1.8
" no. of preschool children	1.8
Age of mother	28.6 years
Mother born in Mexico	54%
Mother born in Southern Calif.	32%
Born other	14%
Mother-rural setting birthplace	31%
Mother-urban setting birthplace	69%
Mother-years of completed schooling	8.7 years
Marital Status:	
Married	87%
Single	2%
Other	12%
Age of Father	32.3 years

Demographic Data (cont'd.)

Demographic Characteristic	1972 - 1974 SBECC Group (N. 108)
Father born in Mexico	53%
Father born in Southern Calif.	27%
Father born other	20%
Father-rural setting birthplace	35%
Father-urban setting birthplace	65%
Father-years of schooling completed	8.6 years
Duncan Socio-Economic index of father's occupation	17
Occupation: gardener, janitor, cook, garbageman, kitchen worker, farm laborer, army	39%
Occupation: Labor, skilled and unskilled (mostly unskilled)	55%
Clerical	
Business, sales, professional	4%
Residence Patterns	
Lived in Santa Barbara less than 10 years	52%
Median length of time lived in Santa Barbara	9 years
Lived in present home one year or less	36%
Lived in present home five years or less	81%
Primary Language Spanish	59%
Primary Language English	41%
Secondary Language Spanish	23%
Secondary Language English	43%
No Second Language	34%
Mother Mexican identity (defined by birthplace and language)	53%
Mother Mexican-American identity (defined by birthplace and language)	35%
Mother "Anglo"	9%
Mother Black	-
Mother Other	4%
Father Mexican identity	59%
Father Mexican American identity	22%
Father "Anglo"	11%
Father Black	6%
Father Other	2%

When mothers initially were interviewed last year and were asked "How did you hear about this program?", we got 73 kinds of responses from 69 people:

66% heard about the program from friends or relatives in the program
21% heard about the program from social services agencies or from Family Care Center Staff
3% heard about it from the newspaper (we always have a news release in the paper before each semester)

If more than a one month interval passed between hearing about the program and coming to the program mothers were asked why they didn't come immediately, and 55% indicated they wanted to come, but had to wait due to program size limitations, and 16% indicated inability to come due to health reasons.

Initially, the participants either had been previously enrolled in the Mobile Preschool, or were referred by the Health or Welfare department, or other agencies.

The mothers in the program told their friends and relatives about the program, and then put those people's names on the waiting list. All of the newly-accepted participants beginning in Fall 1973 were taken from the waiting list in the order that the names were received, and all of them were referrals from mothers already in the program. We also found that we were a "family" program in the sense that many mothers have relatives in the program. In fact, of the current 54 mothers in the program, 61% are related in some way, either directly or by marriage.

The numbers of mothers participating also reflect mothers that "drop in" as well as "drop out" of the program. There is a Family Care Center policy stating that any mother that is once in the program may come back at any time; so many times a mother leaves the program for some months and then returns. Of the 87 mothers in the total sample, 16 had been "in" and "out" several times. This is in addition to the families that do not indicate they are leaving the program, but go to Mexico for several months at a time, especially around the mid-winter months and then return.

The process of the waiting list is practice for the mothers in coping with a bureaucratic process often encountered in life. The experience of having this process reliably operate to serve them and meet their needs and desires is an opportunity to develop confidence in their own ability to handle these procedures.

The process of letting people "drop in" and "drop out" is an unusual institutional response in our society, and it is an attempt to institutionalize a flexible response to meet the highly fluctuating life styles of low-income families. When mothers began to "drop out" we recognized the most frequent causes were to go to work and health problems. When mothers contacted us a few months later to come back, we decided that in line with the goal of a mother feeling ownership of the program, having a sense of personal control, and recognizing the educational needs of her children and self the only consistent policy was an open door.

We have had mothers who took on the job of doing child care at home, but wanted to bring the extra children and continue to come to the program. The staff was divided on whether or not the Center could handle the extra children. It was decided that the mothers themselves should decide this. At two meetings held for this purpose in September 1973, mothers decided that a mother may only bring her own children - if a mother was being paid to care for extra children, she was to stay home and do that, and not expect the staff or other mothers to do the job for her. Therefore, we also have had the experience of two mothers leaving the program - one that was taking a job, and the other to be paid by the first mother for child care. Frequently the arrangement is short-lived and one or both mothers return.

It is interesting that in September 1974, the mothers revised the "drop back in" policy feeling that a returning mother should be put on the waiting list, and come in when her turn came up, so others have a fair chance. (Often this means the current mother's relatives) This policy has been implemented since the parents made that decision.

Of the mothers that stopped coming to the program, respondents gave the following reasons: 1) employment, 2) illness of some family member, 3) program conflict with child's or family's schedule.

We have no data on the mothers that have refused interviews once they have left the program (12). As a result of this experience, we now have a form that mothers sign, in which they agree to continuing interviews even if they leave the program.

Program Objectives

The goals of the program are mainly directed at expanding the mother's socialization skills. Research indicates that parents act as the young child's main socialization and education agents. Therefore it was obvious that we needed to focus on the mother's knowledge and skills in this area to optimize her child's growth. However, since teaching these skills depends a great deal on modeling and practice, it is vital to have a quality program for children, which includes qualified teachers as models, appropriate equipment and educational program content, and the opportunity for mothers not only to observe but to assume the teaching role vis-a-vis their children.

For mothers, the project has four major objectives:

(1) Expanding the participants' skill and knowledge of child rearing practices and their daily use of this expanded repertoire. This involves increased listening to children; learning to reinforce independent and positively valued behavior; increased verbal interaction, particularly the use of mediating language; recognizing and valuing exploration, independence and curiosity in children's behavior; become aware of the richness of the Spanish language and Mexican heritage and traditions; learn to actively support children's efforts in the learning process.

(2) Developing the mother's self-confidence and perceived ability to influence her child's development. This refers to seeing herself as a person who can and should participate actively in her children's education, seeing and sharing other parents' concerns and gaining perspectives about her own

problems; increasing the mother's awareness of the value of her own traditions, customs and language as the stuff of children's education and learning how to use it; being an appreciated participant in her own and her child's education.

(3) Increasing the mother's skills in dealing with her institutional environment. This refers to learning how to deal with the Center as an institution; learning about community resources and how to use them; developing the ability to draw upon and use appropriate community resources for dealing with a variety of problems.

(4) Nurturing the mother's involvement with and responsibility for this program, with a view that this learning will transfer to other institutions later, such as schools and community organizations.

(5) To expand the mother's human relations skills and preventive mental health practices in dealing with her own and her family's needs and emotions.

To best achieve these goals a three-faceted approach was initiated: (1) a program for mothers, (2) a children's program, and (3) a service component.

These kinds of goals and services are frequently held by programs that concern themselves with the education and welfare of parents and children. The innovative aspects of this program are (1) the concern with the whole family, and active participation of mothers with their infants to six year olds, (2) the mother's intensive involvement in the educational program of her children and self, in a situation where she is not the observer, but the actual doer, and (3) the amount of responsibility the mothers take and carry out in determining the direction, policy and content of the program.

The Mother's Program

The mother's program has many facets, and can be broken down into four areas: 1) mothers attending the program with their children, observing how their children act and learn, comparing their child to other children the ages of their own child, observing the teacher interacting and teaching the children, and practicing these teaching skills themselves. Also, there is the opportunity of observing the way other parents interact with their children and seeing this as a model. A program of this kind is an opportunity that exists in other model programs (Headstart, Gordon, Gray, Hines, etc.) but the usual model allows parents to come with their children/child on a volunteer basis, not as a requirement for their child's participation in the program. 2) mother's attending classes they have asked for in Life Skills, such as English, Spanish, Driver's training and Driver's education, sewing, arts and crafts and exercise. These classes are all available through Adult Education classes, but no child care is available and no parent that is in our program has ever taken an Adult Education class in any of the classes given at the Center. 3) Parent discussion meetings that include a Mental Health discussion group and meetings with speakers from community services available in the community. 4) Small group meetings for planning and evaluation with the teachers and large group meetings which function as a parent council to discuss Centro policies, evaluate program for children and mothers, plan any Centro social functions.

In terms of the Centro's objectives, the first area fosters the growth of parents by their active participation in their children's educational experience and makes possible a self concept of themselves as an active and capable teacher of their own child. The second area fosters their confidence in their own capabilities and knowledge and enhances their ability to use community institutions to better solve their life problems by learning the skills required to utilize available services. The third area serves as a program in primary prevention of Mental Health problems, experience in relating openly with peers, and also an opportunity to acquaint and avail themselves of resources in the community. The fourth area serves to increase the parents' trust and confidence in themselves and to recognize their ability to influence the processes of an educational institution and its operation, with a view to transferring this experience to participation in other institutions.

We will discuss each of these areas, describing A) the goals the staff had for this dimension of the program, B) the actual process of this facet of the program - how did we try to do it, and C) an evaluation of what worked and what didn't.

1. Mother's participation as teachers of their own children. The goals that the staff had for the mothers in this aspect of the program were that each mother see and accept their child where the child is. This means that parents learn to see their child, to know what is reasonable for a child to be able to do at his or her age, and also to perceive the child's activity as valuable and important. We also hoped to develop the parent's ability to encourage their child's skill at being an independent person able to initiate his/her own activity, rather than creating situations where the child is dependent on the parent for the activity. An example of that is the parents initially doing the art work for a child, rather than letting him do the project and learning instead to provide ideas, support and materials as the child does the work. A last goal of the staff for parents working with the children was to develop the skills of parents in providing the child with positive feedback, and interacting with their child in positive verbal and non-verbal ways, using mediating rather than command language. This means recognizing a child's need to understand the reasons and consequences of an act and accepting and stimulating the curiosity and exploratory behavior of their children. Many of these goals are the content of the "hidden curriculum" described by researchers as in the repertoire of the middle class child's socialization. We felt that many of our parents didn't recognize the presence of a high learning potential in their children and therefore their actions were based on this premise. Recognizing and learning about the learning processes of young children would most likely also change the parent's interaction patterns with their children.

The process of this learning took place in many ways and there was a great deal of experimentation by different teachers on how to do it - our teachers were certainly not trained to teach parents; many of the teachers had had relatively little training in teaching children. As one teacher put it when asked by the researcher how she started the year with parents: "The biggest thing I can think of is that I wanted the mothers just to get down, to sit with the kids. A lot of my mothers have a thing, I don't know if it's a cultural thing or what (this was a Mexican American teacher speaking) but

they think the mothers are up here and the kids down there. I think it was really hard at first because a lot of the mothers think, "Well, you're the teacher and you're going to do it, that's what you get paid for." At the beginning they just sat around not talking to the kid, not doing anything. To me that was the biggest goal, mothers interacting with the child, not just giving them directions."

Another teacher said "To talk to the child" (her goal) "I think mostly I sat there and did it myself and they saw what I was doing and then they did it. But sometimes it is really hard because there are a lot of people calling you and the children are calling you and you're running around crazy and sometimes you don't accomplish half the things you want to. There just wasn't enough time". When the researcher asked "except for the fact that there wasn't enough time, how did you get the mothers to work with their children?" the teacher went on: "What I would do was I would get the books and make sure that each mother had one in her hand, I would get a child that didn't have a mother (meaning that this mother was in a different group with another of her children) and I would start doing it and they would see me doing it and they would do it." When the researcher asked this teacher, "Did you ever talk to specific mothers to encourage them and show them how?" she replied, "I feel I should have talked to some mothers, but I didn't have the confidence in what I should tell them. I felt like if they saw more modeling they would do it eventually. Some did right away, some it just took longer."

The third teacher described her goals and process this way: "One of my primary goals was to make the mothers more relaxed with their children and act more positive with their children in talking rather than spanking or yelling. Really listening to their children. I think the best way I did this was modeling myself. When I was asking the children something, the mothers would look at me at first, like why was I talking to this child. This is what I observed at the very beginning. They were very surprised at first, and after a while they really started to respect their children and listen to their child and wait for them to respond, I don't think our mothers understand how children learn. I wanted the mothers to feel they themselves were valuable. I tried to compliment them when they were doing something right or giving reinforcement, but I don't think I did it enough. I know I asked them to do it for their children a whole lot, but I didn't give them the same very often and I should have. I would really be aware when the child was doing something good, like putting away a puzzle or something and I would tell the child and the mother would hear me and she would say it too."

It appears that the goals for mothers were for them to interact actively with their children in the classroom, to help them learn more about the ways in which children learn and to teach them to teach their own child, while developing their confidence in themselves as valuable and able persons.

The teachers in the classrooms did this in two main ways. Most often, they relied on modeling, that is, they demonstrated, in their own interaction with the children some positive ways of interacting with the children, and also, in their own teaching and the planning of learning activities of the children, they showed mothers how the actual teaching is done. Mothers were also taught, both by example and through discussion with the teacher, how to read stories, sing songs and use a variety of curriculum materials. The teachers relied heavily on example in the early part of the year, but as the

mothers became more comfortable in the setting, the teachers gave them specific directions and responsibility for classroom activities; how to use manipulative toys, how to enter and expand socio-emotional play, how to increase interaction with their children at snack and meal times and to use those times as learning experiences. This learning sequence ran parallel to the mother's child development discussion group with the director and teachers, which will be discussed in a later section.

So; what worked and what didn't? We know, from our research (see parent-child interaction data) that mothers did change in their actual behavior vis-a-vis their children in desired directions. From this we feel that indeed both modeling and direct help in teaching techniques described by the teachers and observed by researchers were effective. However, these were vast differences in how much individual mothers changed (and vast differences in where they were when they entered the program) and the changes and expanded repertoire might have been both faster and more dramatic with a number of differences. First and foremost, both classroom observation and comments by teachers showed that teachers lacked confidence in themselves as teachers of mothers, just as mothers lacked confidence in themselves as teachers of their children. Our teachers began as untrained persons; however, even in their training they learned little about techniques of working with parents - teacher training institutions, despite talk about "parent involvement" do not, by and large, focus on this area in preparation of teachers. Also, it is difficult for young teachers to be confident and in any way directive to people they see as older than themselves and resistant. By resistant, we mean when mothers seem to prefer to socialize between themselves or prefer to crochet rather than interact with their children. From interviews with teachers, they themselves state the problem best: "It was hard for me at the beginning of the year 'cause I felt so young, but now it doesn't bother me and I feel really confident. I had to think it out and realize myself that I'm not 16 or 17, but 22 and not in high school." "I think maybe to some mothers I didn't communicate enough, why I did this and why I did that -- maybe because it scared me or maybe I just didn't think that they would listen to what I had to say, I don't know...there were some mothers I felt negative about and I guess maybe it is really hard to cover up if you don't feel good about somebody, even tho you are a professional teacher, I think it does come naturally to react like that - most of the mothers I could get along with but there were a few." "They (mothers) just never listen to you, they are so full of their problems, somebody just died or something. The group I had on Wed.-Thurs. were really difficult, but the other group, I think they were kind of bored on my part too, 'cause I think I kind of slacked off too, having all the work I had to do for school (teacher training program). It was a hard year for me. People slack off." "I wanted them (the mothers) to talk with the kids, about food at mealtimes, but they never did it. Usually because I never did it probably, because I felt it was a waste of time because they wouldn't sit down."

In evaluating these kinds of feelings the staff summed up in these comments: "I think at the beginning of the year they (the teachers) were sort of frightened of the mothers and didn't quite know how to go about it (getting them involved) and felt very uncomfortable doing it....I think some of the teachers are afraid of some of the mothers, and don't have the tools to get around some of that...I think they could use the mothers more, getting them to set up things, to know what is happening and why - the mothers could, as

the year progresses, take over some of the class preparation as well as using the materials with the children. I think we need to communicate more to mothers what and why we do things, so that it makes sense to them to do it too. We take it too much for granted that people sort of know or catch on, and we don't take the time to communicate or orient....we can and need to be direct about explaining what we are doing and how mothers can participate. I don't know how to change attitudes, but I know that if they feel they are needed they will do it." These comments may appear to focus on the aspects of the parent's working in the classroom that either were problematic or didn't work well. We have, however, felt that on the whole, this has been such a good experience, and parents have felt it was such a good experience, that we feel it important to point out the difficulties as well. From staff evaluation, the conclusions and recommendations suggest that 1) goals for the way mothers work in the classroom must be clear to staff and communicated to mothers 2) the staff needs in-service training on working with mothers in the classroom 3) an orientation booklet and more orientation sessions with mothers at the beginning of the year would be very helpful 4) constant evaluation of the program promotes growth, so both staff and mothers should have time for this.

Time is a matter brought up repeatedly - there just isn't time to do all the program for children, for mothers, for planning, for developing and evaluating. Often misunderstandings develop as a result of this pressured feeling of wanting the optimal results from the program and lack of time to plan and communicate the processes by which the optimal results might be achieved.

2. Mothers attending Life-Skill classes at the Centro. One of the main motivations for attending the Centro, besides doing it "for my children", was the mothers' desire to learn English and learn to drive. From the beginning, these were the two classes asked for by the mothers and available to them.

The teachers for the classes were provided to the Centro by the Adult Education Division of Santa Barbara City College. They provided two teachers, one for the Monday-Tuesday group and one for the Wednesday-Thursday group, and each teacher taught English one day and driver's education the next. In good part, the driver's education class also constituted an English lesson, since mother's needed driving terminology as well as knowledge of rules of the road, etc. In addition, the Centro provided an instructor with a dual control car for driving-in-the-car training, which took place during the time most people went to the Mental Health or community speaker sessions. At the end of this training, mothers were taken to the Department of Motor Vehicles, and in the course of the project 33 were able to get a driver's license.

Two changes occurred relative to these desired classes, both requested by mothers and implemented by staff. To the Centro these requests represented changes in the desired direction of parents taking responsibility and initiative in steering the program the way they wanted it to go. The first change was the timing of the classes. Initially, they took place after lunch, with community speakers coming in the morning. Mothers stated after the first year that they were too tired to concentrate as well in the afternoon and they wanted to have the classes in the morning. When this change was implemented, they voiced their feeling that more time was needed for the English classes - since this was not feasible if they were also to work in the classrooms, it was

discussed by the group and decided that perhaps the teachers could join the mothers in the classes with the children for the first hour of the day. Adult Education was consulted and agreed to provide the teachers for a longer period of time, so this suggestion too was implemented. The adult education teachers were really integrated into the Centro community, frequently stayed for lunch, came to Centro social functions and were seen by all as team members.

Soon after the classes began, it was apparent they didn't meet everyone's needs. Some people knew how to drive, others didn't want to learn to drive, or their husbands didn't want them to learn, some people knew English well. These mothers asked for other kinds of classes, such as Spanish, sewing, arts and crafts, exercise and crochet. These classes were also provided, with one offered each day as an alternative to the driving or English class. The more structured classes provided no problems, such as exercise or Spanish - the sewing and arts and crafts presented the difficulty of mothers having different levels of ability and interest. Mothers complained of lack of time for big projects, not just the craft each person wanted etc. Different instructors were gotten, including several mothers in the program, to experiment with a variety of formats ranging from responding to each mother's particular skill and interest, to a rather structured content and class process. The great majority of mothers responded most favorably to a structured and defined class, so that developed into the class pattern. While we began with using only "outside" instructors the first year, the last year found mothers responding positively to proficient members of the group teaching Spanish, crafts and crochet. This too was seen by Centro staff as developing the confidence of mothers in their own abilities. One of the most successful classes was cake decorating, where mothers experienced immediate success and had an end product to take home each week. Mothers supplied the cake, the school made the frosting weekly and the teacher taught different types of decorating each week. The mothers also had to help pay for this class as hiring that instructor was quite expensive and they willingly did so.

3. Parent discussion meetings; mental health discussions and community resource speakers. The parent discussions had two content areas, which shifted in frequency and emphasis during the three years. At the beginning, the goal was for parents to be acquainted with the resources available in the community for medical, mental health, social, economic, legal and educational problems. Speakers were invited to meet with mothers for one hour in the mornings to explain these services and answer questions.

The parents were most responsive to speakers in the health and mental health fields - they participated more in the discussion periods when these were the topics, and requested more speakers in that field. As a result of this feedback, the Centro negotiated with Santa Barbara County Mental Health Department to provide mental health consultation discussions on a more regular basis. At first, mental health aides came every other week, for each group, to discuss various problems of mental health in children and families. While these sessions were valuable, the lack of continuity required constant repetition and many mothers requested more frequent discussions. Since this was seen as a major shift in parent perception of Mental Health Services - many had said at first that Mental Health was for "crazy people" - the Centro evaluated the program, and it was taken over the second year by a professional counselor and psychologist from Santa Barbara County Mental Health Department, herself bilingual and bicultural. She was assisted by the Centro director, who translated all that was said into either English or Spanish. (Which language

was primarily used depended on which group - English or Spanish speaking - constituted the majority that day) At first, this person also only met with each group once every two weeks. By the last year, this was increased to once a week, at the mothers' request. In addition, an evening group to include fathers, was added with about eight families attending. Clearly the mental health educative-consulting sessions have worked. Not only are parents eager to attend them, they have also gone for individual help to County Mental Health outreach clinics, and also take the opportunity to consult with Dr. Boulette at the Centro, where she is available for about a half hour after each session. Why, in a population that is usually resistant to using Mental Health services intervention in their lives, has this facet of the program been so successful?

Dr. Boulette says: "My goal for the program is to provide a consistent and comprehensive program of educative-counseling sessions with a strong prevention philosophy. The Centro provides a very vital opportunity for focused primary and secondary prevention efforts with a high risk population. High risk assumption is based on the poverty and minority status of the population. This high risk population have the potential for higher incidence of serious mental problems but are known to under-utilize existing outpatient psychiatric facilities. I have found that Giovannani and Billingsleys' finding (1971) "Spanish speaking mothers were severely lacking in information. There was no community system about which more than 30% of the Spanish speaking mothers had even minimum information" has been true in this population. Our focus is to provide this information, and to focus on how to <u>prevent</u> problems from arising later in life by discussing appropriate ways of working with one's children and family now. Not only do mothers attend Centro discussions, but about 6% of the group has availed themselves of outpatient services available through the County Mental Health Department."

When asked, how do you create a climate that makes possible this kind of growth, she says, "my first goal is to make parents comfortable, to trust me and the other members in the group. I stress confidentiality and the need for maintaining the trust of the group. We begin where the parents are: bringing out the concerns they have, being accepting of the feelings they express and legitimizing them. No parent is ignored or put down. At first only the more assertive people speak out - as the group observes the respect and attention given each group member, and sees the confidentiality of each session, trust and then participation increases. We emphasize that whatever problems are discussed, they are matters requiring understanding and growth, and that the mothers can help one another in this process. There is also emphasis that people are not alone in having problems, or labelled "crazy" if they have them, but that all of us have problems and can work out better ways of dealing with them."

Clearly, her approach seems effective. Mothers eagerly attend sessions, rate them highly in their evaluation of the program, and the Centro atmosphere as a whole appears consistent with the recommendations Amado Padilla suggests (Latino Mental Health, 1973) for effective mental health centers for the Latino population.

Not only has there been support for this facet of the program from participants, but the Santa Barbara County Mental Health Department has provided financial support to the Center for a number of the participants who they see as needing mental health services, and where no other community service is able to provide it.

At the inception of the program, the other community resource speakers met with mothers one or two days a week. By now, they come biweekly, to allow time for the Mental Health discussion groups and for the parent's council and parent-teacher meetings. When community resource speakers do come, many represent health fields: planned parenthood, pediatricians, child psychologists, gynecologists and nutritionists. This is direct response to requests made by mothers. In addition, we have had speakers from Welfare, food stamp program, city and county housing authority, legal aid, priests, ministers and educators.

Mothers requested a course in First Aid, and with the cooperation of the Red Cross, this was provided. Mothers have also taken mini field trips to go to doctor's and dentist's offices, to the Medical and welfare department offices and to juvenile hall.

The mothers active role in deciding the speakers program shows their increased self confidence and awareness of themselves as active participants in the program rather than passive recipients.

4. Small Groups. The weekly meetings of small groups of mothers are divided into English and Spanish speaking mothers. They have turned out to be interesting and of great benefit to all the mothers in the program.

Different topics were covered during the year, all of them concerning child development and better ways of working with young children. The discussions were planned according to the needs of the mothers. They included mother-child separation, language development, cognitive learning skills, cooking with children, sand and water play, field trips, the importance of meal time, and problems that arise when there is judging and labeling of children. Almost in every group meeting discipline problems came up. The mothers are really interested in learning better ways to discipline their children. They compare the methods used at school with the methods they use at home and they are amazed to find out that children can be disciplined without physical punishment. One of the mothers said, "the things we learn at school are of great help to us. I don't spank my children as much as I used to."

Another mother said "I used to yell at my children and spank them all the time. Now I talk to them and explain, and we are all happier." Still another mother, concerned with toilet training, came back to school when a behavior response other than spanking had been suggested, and absolutely delighted said, "I did it - and it worked." Apparently the small and non-judgmental groupings, with free discussion encourage mothers to try new strategies and repertoires in child management.

In addition to meeting with the director, head teacher or administrator, once a month the groups break up into groups with "their" teacher - the age groups where each mother spends most of her time. This way problems that arise in each age group can be discussed with the teacher and mothers involved, and is preparatory to the "room meetings", later encountered in public schools. As a result of this, communication between the teachers and mothers had increased and additionally we see it as a role rehearsal for future school participation.

When the Centro first began, the staff tried to get parents to make group decisions on program and to form committees to plan meals and social events.

Parents resisted this, saying "we don't need to meet - you (director) decide." The staff kept trying to establish a parent decision making group, and by focusing on smaller tasks, such as one week's meal planning, or one Centro "rule" at a time to be decided, they were willing to form small committees. As parents felt more confidence, acceptance, and trust in the staff, they began to talk about "Our Parent Council". It was suggested that it be called "PTA" to link it to other school experience, but this change was not implemented. The mothers liked the name council (perhaps closer to "concilio", a local Mexican-American group.)

6. Parent Council. Mothers attend the Centro in two groups. About thirty attend on Mondays and Tuesdays, and another group of thirty attend on Wednesdays and Thursdays. The Parent Council consists of each group of parents meeting once a month to make policy decisions. This also gives an opportunity for discussion of problems or difficulties. The decisions range from deciding on work days, kinds of speakers, classes and field trips, to decisions about whether mothers may bring children they are "babysitting" in addition to their own children, whether classroom "volunteers" should come to the mothers' classes, etc. Increasingly the staff has turned policy decisions over to mothers, and has tried to develop leadership and group functioning skills in the participants.

Over the past three years there has been both quantitative and qualitative evidence of mothers' growth. This fall, a large number of returning mothers have been actively involved in the Center's affairs. They expressed trust in the school and staff. These mothers became an enormous help in providing an orientation to the new mothers. In a matter of weeks the new mothers and their children felt comfortable and secure.

The mothers know that they are a vital part of the success of the Center. They accept their responsibilities as participating parents and are eager to cooperate with the Center staff. They participate much more in groups, ask many questions, offer suggestions to improve the program, and freely express their discontents. The staff has tried to respond immediately to any suggestions, and then institute changes as soon as possible, if the group agrees. It is felt that even acknowledging a mother's idea as having value and worth reinforces her participation and her feeling of ownership of the program.

7. Family Activities and Fund Raising Activities. Over the years, social events of several kinds have taken place. Quite a lot were very successful and well attended. For instance, we invited Maryann Martinez from Sacramento to come and speak about infant/migrant worker centers. There was great interest, high attendance of mothers and fathers, with the Center providing child care for all of the children of the family. We had a dinner dance. The dance was planned by the mothers, for just mothers and fathers, with food provided by the families, and partly by the Center. The families provided their own babysitting except in a few cases, when the Center paid for a babysitter to go into their homes. Several pot-luck dinners or "Cenas" for the whole family were enjoyed each year, and trips to Magic Mountain for the whole family took place twice. In addition, we had Christmas parties for the whole family, with a bilingual "Santa", a pinata, the Posada, and a wonderful pot luck feast.

The most significant event planned and carried out by parents was the addition of a yard to our school. The parents worked very hard in order to have a play yard for the children. The mothers raised part of the money needed

to fence the yard by preparing a "Mexican Luncheon" which they proudly served to the community. The community responded to the delicious menu by asking "when is the next luncheon?" It was a beautiful scene, when entering the kitchen, to see about twenty-five enthusiastic mothers preparing enchiladas, tamales and chiles relenos. The food was prepared the night before the luncheon. Most mothers got their husbands to babysit while they came to the school to do the cooking. Some of the mothers who couldn't get out at night took their part of the work home with them, such as peeling chiles or cooking rice or beans. Not only did they raise several hundred dollars, but it was a way of reaching out to the community and demonstrating our center in operation. All the mothers helped on this affair in one way or another, but that was not the end of their work. They and their husbands also helped create the play yard for several weekends, tearing down an old garage, hauling away trash, putting up a redwood fence, staining it, pulling out weeds, cleaning up the yard and at last, putting up swings and building a sand box. This was a project where we saw the whole family working together. At the end of the day's work, the center provided food for an impromptu picnic. Many fathers came during the week, after work, to help cart away debris collected on the weekend. When the yard was finished and the children had a place where they could run, jump, and climb freely, and enjoy the fresh air and the sun, mothers would say - "It was worth it." This reflected the fact that there was a long history of "hassle" in getting the yard completed, which ranged from neighbor protests to appearing before the City Planning Commission for a permit, to the difficulty of the job of clearing and equiping the yard. It is seen by the mothers as a real Centro accomplishment.

Another demonstration of the mother's feeling that the Centro was "their" program, and that they felt responsible for its continuation was their response when the staff shared with them the concern for future funding. They immediately asked "what can we do" and when told letters would help, almost every mother wrote a letter to be sent to legislators or funding agencies. All were translated, and several examples are included here. Also, when the Centro applied to the City Council for revenue sharing, 19 families, children and all, packed the council chamber in support of our request.

At the end of the school year, last day of school parties have been held. The mothers planned part of the program, got together and formed groups to perform for the others. Some mothers sang and others danced. The teachers put on a play of the "Three Bears" in English and Spanish. Everybody had a good time and the day ended with the breaking of the traditional pinata.

Mothers, in a great flurry of secrecy, also planned an elaborate baby shower for the director at the Centro, bringing in an elaborate luncheon and gifts, and most excited about doing all the planning.

The mothers also have done an end of the year newsletter, with each mother writing about one aspect of the program or reporting on one speaker. It was written in the writer's dominant language and then translated into Spanish or English. In addition, all year long recipes and songs were collected, and additions to the bilingual bicultural cookbook and song book that was started the first year were made. All this was assembled into one packet, along with literature from many of the community resource groups that had come to the center during the year, and presented to each mother the last day of school.

8. Field Trips. The Centro has field trips, bi-monthly, for all the program participants together. This gives mothers and children contact with a larger group and experiences with making new friendships and relationships. We also expand everyone's knowledge by including many new experiences. Field trips have included: Museum of Natural History, Child's Estate Zoo, Orchid Ranch, Dairy, many parks and beaches, the Santa Barbara Mission, Santa Barbara Museum of Art, a boat ride in the harbor. On one occassion the mothers took a special tour of community resources such as the Welfare Office, Courthouse, library and Medi-Cal office, while the children went to the airport and McDonald's for a free lunch. It is interesting to note that none of those nine mothers had gone to a library before. The five Spanish speaking mothers went straight to English language instruction books and chose one - then chose a Spanish children's book. They took them out after obtaining a library card.

We used to take along picnic lunches. However, peanut butter sandwiches and bologna are not of the cultural past or present of our families. There was much parent discussion of dissatisfaction, and possible alternatives, and the decision the mothers came to was that they would each bring their own lunches and share them. Each mother brings her specialty such as burritos, guacamole, enchiladas or soups. This often stimulates sharing of culture and values, as people get tastes of "Anglo" or "Mexican" foods.

Service Component

1. Nutritional Program

When lunches and snacks were first served, they were planned by the cook or staff. Mothers were asked for ideas, but no one wanted to be on a "committee". By the second year, the planning of meals was done by groups of mothers who were by then willing to call themselves a meal committee. All mothers have participated in this task. When mothers know of a special dish, and it is not known to others or the cook, they prepare that dish with our cook's help.

We discovered that mothers were unaware of the budget allowed for the lunch program and sometimes would tend to plan lunches that they obviously couldn't affort at home, e.g. steak. We had several group discussions with elaborate breakdowns of our budget and aksed mothers to help us to realistically plan meals to feed 75 people daily on our existing budget. As a result, the mothers began sharing some of their own recipes for home meals that could be reproduced in quantity. It is interesting to realize that based on our attendance figures, we have served about 6300 hot lunches and the same number of snacks during a year!

We also had a nutritionist from the U. S. Department of Agriculture County Extension Office come to speak to each group, and many questions were asked. We noted that consistent with our parents' concern about health, the questions to the nutritionist focused on the vitamins and healthiness of foods.

Starting the first year, we wrote out recipes for all dishes prepared in a bilingual "cookbook" and we have continued to expand our Spanish/English cookbook with recipes from our cook, the mothers, and the classroom teachers. Mothers report using school favorites at home, and their family's response to new foods, both negative and positive.

Our cook, who started with little experience, has gone to a nutrition workshop, has met with the County Extension Nutritionist of the University of California, and has gotten many cookbooks and menu ideas. There was never much opportunity to apply her new knowledge and considerable creative efforts, since all meals were planned by mothers. Now, mothers plan menus for three weeks, and she can plan one week's menus. These menus introduce new foods and dishes, and are a model for a nutritious meal. Responding to the questions asked of the nutritionist, when menus are prepared, both in Spanish and English, she now also indicates the meals' nutritional makeups, such as what food groups are present.

One difficulty we have had in implementing the nutrition program is the unavailability of reliable kitchen help. We have used local Neighborhood Youth Corps students from a high school, another way of reaching out to the community, but they tend to be short-term helpers. There is quite a bit of work to be done to feed this large a group well, and our cook feels she needs a second person to help her during the morning hours. To combat this problem, we tried having our mothers take turns (this was their suggestion), but it also meant they missed their class time. Soon they were reluctant to do this.

We now have help from the Santa Barbara City College Work Study Program, and this has been a satisfactory solution.

These are the mechanics of food planning and serving. It is clearly related to the mother's program in that 1) it helps mothers learn about food and health and allows an opportunity to try foods in a place other than home, 2) it allows parents a great deal of decision making activity, e.g. what foods to serve, how to prepare them, what kind of meal time rules should be enforced. (Children at tables, main course before dessert, use of utensils, etc.) Also, mothers tend to serve large portions of food to their children, and much food is wasted. Mothers resist children's self help in this area, and the staff feels that this is the beginning of patterns of overeating. Mothers have discussed this in their meetings and always say they "don't want waste", but this is one place where there is a change in expressed attitude, but no behavioral change.

In addition, the mealtimes provide input to the children's program, offering a model for shared mealtimes, ways of dealing with children and their feelings about food, ways of using mealtimes for teaching and socializing as well as eating, expanding the children's food experiences.

Also, we are concerned that the nutritutional program makes a large contribution to the overall nutritutional intake of each mother and child. By providing at least 1/3 of each person's daily food need in all food groups, we know that the participants' health will benefit. By providing a model of nutritious but relatively low caloric food choices, we are helping mothers experiment with new food patterns to combat obesity and high blood pressure, a major problem of many mothers, and one caused less by the traditional "mexican" dishes, usually blamed, and far more by "junk food" consumption.

2. Medical Program

We have had a great deal of preventive medical care, as well as diagnostic procedures and follow up care, provided at the Center. Contacting in-kind

contributions from the medical community has not only provided services, but functioned as a form of dissemination as well, since it provided the opportunity to inform many groups and individuals of the existance and content of the Centro's program.

Some of the services provided over the years have been: medical examinations for all the children done by a retired practitioner, Dr. Louise Brown, 85 years old. Through her we established contact with the Santa Barbara County Health Department and the Santa Barbara County Welfare Department, both of which provided referrals of mothers for the program.

The Santa Barbara County Health Department, departing from their usual operating procedures, provided on-site TB tests for all mothers and children.

The University of California at Santa Barbara Speech and Hearing Department gave all children and adults a free hearing screening tests, and provided follow up care in their clinic, as well as providing speech therapy for children that needed it.

Blood tests and urinalyses were provided for all participants, mothers and children at the Centro, and read by Dr. Brown.

Also, all the mothers were examined at the Centro by an internist, and all had their blood pressure checked, and general physical health evaluated.

The Optometric Association of Santa Barbara provided four optometrists to test all the children's vision, and with the cooperation of the Lions Club of Santa Barbara, follow up care was given to provide needed corrective lenses, and in one case eye surgery.

Dr. George Lyman presented an ongoing program of preventive dentistry education, including proper dental hygiene and nutrition information, and also examined the teeth of all children and mothers that desired this service. We arranged for follow through care, and worked out, with each mother, an arrangement that split the cost of needed services between the Centro and the family.

In addition to direct services, a great deal of medical information was provided through speakers from the medical community at the parents' request. This is more fully described in the parent program.

We also provided physical examinations required for kindergarten entrants at the office of a local bilingual bicultural physician, combining medical experience and service for children in the program.

3. Bus Program

The bus provided a service for the parents in transportation that made it possible for mothers to attend the Centro with their children as well as all the paraphanalia mothers have to carry for the care of their infants. About 16 mothers out of 60 drove themselves to the Centro, but the rest relied on the bus to provide transportation to and from the Centro.

Initially, this transportation was provided by the Centro staff. When funding was available, the time required for transportation was seen as an

opportunity for extending the educational program of the Centro, modelled on similar experiences in the Gale Pre-School Program, and Ypsilanti Early Education Program (Radin & Sonquist, 1968, Kamii and Radin, 1969).

The first plan was for a teacher to ride the bus daily, and to carry out language skill activities with mothers and children. Since our teachers at the inception of the program were totally untrained, it developed into a staff team that rode the bus, the administrator and a teacher. The administrator taught songs, finger plays and words for the things the children saw out the bus windows. More importantly, perhaps, was the warm sense of welcome each participant felt as she and her children were helped into the bus, and greeted in both Spanish and English. At the beginning of each year, observers riding the bus noted that mothers left empty seats between previous occupants and their own seat choice. As the year progressed, the welcoming greetings became louder, more and more bilingual, and people sat closer and closer together. It was as if decreased social distance also allowed physical closeness!

In addition to the songs and finger plays and vocabulary extension activities, bus time was also utilized to give Centro announcements, to hear individual parent's concerns, and build relationships between parents and staff and children and staff.

An important factor in making the Centro day go smoothly was to have the bus arrive on time - this depended on knowing who was to be picked up, and to have those being picked up waiting on time. At first, parents neglected to call "their" teacher to let her know if they would be absent, and were frequently late, so the bus had to wait and everyone arrived late at the Centro. The staff called mothers the night before to check on this and remind them after 5 days, that school was the next day. Increasingly, mothers felt comfortable enough to tease and complain to the latecomers, and the staff found parents more and more responsible about calling in absences - even when they had to go to a neighbor's house if they didn't have a phone - and being on time. By now, the staff no longer calls to remind mothers about school days - they have taken responsibility for themselves. Sometimes mothers won't know until early the same morning that they will be unable to attend school due to a child that is ill, and now they call their teacher, the director, the administrator (even though her Spanish is limited), or the school before the time the bus leaves in the morning, or even another mother to give the message when she gets on the bus.

We learned early some important cultural considerations for the mothers in the program. For example, while we planned for staff to ride the bus to the Centro for program purposes, we wanted to use the after-school time for classroom preparation, and mothers just got on the bus to ride home with the driver. However, one husband beat his wife when she arrived home, the last one on the bus and "alone" with another man. Also, many "old wives tales" existed about the dangers of vehicles for pregnant women, and there was a lot of talk of real vs. supposed dangers during pregnancy.

Occasionally a mother will get off at a friend's house - someone she met at the Centro - rather than her own stop. Once, when four mother's got off together, the teacher on the bus learned that they were planning a baby shower for another mother.

The bus program has been a success; it has insured the ability of each participant to get to the program, consolidated friendships between participants,

developed the mother's sense of trust in the program and carried out an extension of the Centro's educational program.

4. Community Resources Coordination Program

The Centro staff has been aware of the many personal and family problems that our families have to deal with. We have observed, and found this reinforced by research results, that the greatest difficulties our families have are 1) not knowing what services are available to help them, 2) transportation problems, and 3) language problems.

At the beginning of the program, when parents needed help, they called either one of the directors, or more often one of the teachers, since only they spoke Spanish. As the program size increased, so did the problems, and the staff felt we needed someone who was available part time, to coordinate parent needs and community services.

The center had functioned in a variety of ways to help mothers - indeed whole families, to deal with problems that arose for them.

The following incidents illustrate the ideal role of the center as the bridge to existing institutions. A mother came to the center very upset. Her husband drove a truck for the Sanitation Department. Due to a new type of truck about to be instituted, he and other workers would have to take a special type of driver's examination. The problem was that the only test and instruction available was in English, and the men did not feel they could pass the test due to their limited abilities to speak, read and write English. The Center contacted Adult Education, explained the problem, and Adult Education agreed to set up a Spanish instruction class for the examination. Over 30 men signed up for it, and a sanitation company from the next town asked to have it repeated. The husband of the Center mother took the class and passed the exam.

Another mother was very upset because of her bad housing situation. After a representative from the Housing Authority came to speak, she felt she should write to the Housing Authority, but didn't feel she could write a letter. A staff member sat down with her, and after discussing the problem, asked her to say what she wanted to tell them. The staff member wrote it down verbatim, read it back, praising the mother for her letter, had it typed up, and the mother sent it. The particular mother's housing problem was solved by another means, but the Center's response to the problem was again a bridge to the institution and as a learning experience for the mother of how to use the agency herself.

Another mother dropped out and was then unable to be reached for further interviewing. First, despite notes left, she was always "out". Then she moved, and left no address. Researchers considered her a "refuser". We assumed that she had not gotten anything from the program. However, six months later her husband called. He said that he had heard an employment counselor speak at the Center, and asked if we could put him in touch with her again!

We had a clearer idea, after a year of trying, as to how to define what the role of the parent and community coordinator should have been and should not be. We feel it should not be mainly service oriented. Many existing services are unknown and not utilized by the majority of parents. Rather, the

coordinator needed to 1) be thoroughly familiar with the total community's resources, 2) to know the mothers well enough to be turned to and trusted, and 3) to be able to teach another person how to use the service, (eg. what busses to use for transportation, how to call for an appointment), proceeding in small steps so mothers don't feel they are being pushed out, or let down, but so they see themselves as being increasingly able to know about and make use of community resources.

We found this a hard role for a person to fulfill - it appears easier to "do for" rather than to be supportive and "show how". Parents increasingly depended on the coordinator for rides and making appointments, and she enjoyed providing the service - however, it did not make the parents "doers", rather it provided a bilingual taxi service.

When we were then faced with the need to cut the budget and the current coordinator was planning to leave for another, full time job, we eliminated the position, and instead had a person "on call" for dire emergencies and instead focused more on "how to" sessions when community resource speakers came to the Centro and in field trips with the mothers only.

The emergency person was rarely called, parents increasingly turned to the director to get suggestions on how they could handle their problems, and the director also gets feedback on what actually happens. Some of this is also documented in the research findings. It is our feeling that given such problems, the best solution appears to be an open trusting relationship of participants with staff, so problems can be shared, and a lot of information and support available so parents can find what they can do to help themselves.

A Dios Estimado.

Me Dirijo a Usted Señor Burgal, para expresarle por medio de esta carta mi gratitud gracias a la Escuela nocturna Vallirana donde he estado, los conocimientos que estamos recibiendo, desde yo como mis hijas Graciela y Teresa Burgal. En cuanto a mi a sus clases de Manejo de Inglés; ya que el Maestro de manejo es muy paciente y tiene mucha calma para enseñar, la mayoría de nuestros Maestros de Inglés sus explicaciones son rápidas y sus clases son todo de mucho provecho para mi. Para mis hijas sus Maestras son tienen mucha paciencia y a la vez que juegan aprenden, porque a poco se han estado desarrollando, ya que a su determinada edad de poder ir trabajando se ponen los medios ambientes a través para que cuando lo necesiten, Usted sabrá en Nuestros hijas. Le dirijo y los Maestros que forman la escuela tienen la razón de ser tan para los Padres como a nuestros hijos. Por lo pronto es todo lo que tengo que decir, que estoy muy agradecida.

Teresa Burgal.

To whom it may concern:

My name is Socorro Vargas. I want to express, through this letter, my gratitude to the Santa Barbara Family Care Center for the benefits my two girls, Aracely and Ivonne Vargas, and myself are receiving. The driving classes are very good because the teacher is very patient. The English teacher explains very clearly and her classes have been very helpful for me.

The teachers are very patient with the children; they learn a lot while playing and they have developped little by little. The speakers, doctors, and other people invited by the school explain and talk about different subjects, especially about our children's education. The Director and other members of the staff know how to treat mothers and children.

The only thing I can say now is that I am very grateful.

Socorro Vargas

Feb. 27 - 1974
I want this program to continue, because this program is like a ray of light that illuminates so many mothers, that like myself, are ignorant.

Thank you very much.

Raquel V. Salgado

23-2-74-
Rosa Madrigal Pegueró
desea Educación - ayuda para
MIS dos Hijas TAMBIÉN ayuda
de Seo - Educación para tener como
Poder - dejar MIS HIJAS - Se PAN -
Para - el día de MAÑana -
GRA CIAS Por todo -

Feb. 28, 74

Rosa Madrigal

I want education and help for my two daughters. I also want education for myself so I will be able to leave something for my daughters' future.
Thank you for everything.

Sta Barbara Calif
Marzo 7 - 74

A quien corresponda.

Les saludo muy atentamente
y les suplico nos ayuden a que
nuestro programa continue
Yo soy la Sra Acosta y me siento
muy contenta de asistir a este
programa que es tan bueno para
todas las madres y los niños
nos ha ayudado mucho para
aprender muchas cosas.

muchas gracias

Beatriz Acosta

mis niños Martin Acosta
Jesus Acosta

Santa Barbara, Calif.
March 7, 1974

To Whomever is concerned:

I greet you and beg you for help so that our program will continue.

I am Mrs. Acosta and feel very happy to come to this program because it is so good for all the mothers and the children. It has helped us to learn many things.

Thank you very much

Beatriz Acosta

My children are Martin Acosta
Jesus Acosta

East Side Group — Mother's Program — West Side Group — Whole Group

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Classroom Time-Mothers work with their children Snack with children Mother's Classes: English Spanish Crafts or sewing	Classroom Time-mothers work with their children Snack with children Mother's Classes: Drivers Training Drivers Education Exercise Crafts or Sewing	Classroom time-mothers work with their children Snack with children Mother's Classes: English Spanish Crafts or sewing	Classroom time-mothers work with their children. Snack with children Mother's Classes Drivers Training Drivers Education Exercise Crafts or Sewing	Alternate weeks Field Trips for both groups Alternate weeks Staff Planning In-Service Training Research feedback
PM	Lunch with children Week 1 and 3 Mental health discussion group Week 2 and 4 Community Resource Speaker	Lunch with children Mother's group: Wk. 1 meet with teachers Wk. 2 meet with directors Wk. 3 meet w/teachers Wk. 4 parent council	Lunch with children Week 1 and 3 Mental health discussion group Week 2 and 4 Community Resource Speaker	Lunch with children Mother's group: Wk. 1 meet with teachers Wk. 2 meet with directors Wk. 3 meet with teachers Wk. 4 parent council	

Children's Program

AM	Worktime with mothers in classroom Snack time Story & singing time Work in classroom Outdoor play Lunch with mothers	Same	Same	Same	
PM	Singing with mothers Work in classroom Outdoor play Field Trips Story Time	Flexible Schedule children w/staff			

Children's Program

The children's program had three purposes: 1) a program to foster optimal growth of the child in the social, emotional, cognitive and physical domains, 2) the development of such a program for children from infancy to five years of age, with a bilingual and bicultural emphasis, and 3) a demonstration to the mothers of participating children of what constitutes a healthy learning atmosphere for their children.

The theoretical rationale that was behind the general program developed was a Piagetian framework (Sonquist, Kamii and Derman, 1969), supplemented by findings of Smilansky, Gordon, Weister, Erikson and Lane. A general outline of goals was developed, with age appropriate considerations. It is common to find programs for the traditional preschool age; it was a challenge to delineate a general developmental framework, and to then create an age appropriate, bilingual, bicultural classroom that functioned to foster the desired development.

In addition to general optimal development of children, we were concerned to develop a method of teaching and interaction that fostered bilingual and bicultural growth and development. The children that attended the Centro were not homogeneous in their language or cultural experience. A little over one-third were monolingual Spanish, about one-third bilingual, and the rest monolingual English. While the Spanish-speaking monolingual parents always spoke to the children in Spanish, they were also very intense in their desire to have their children learn English. At the same time, almost all parents were eager for their children to learn about the culture of both Mexico and the United States.

That the resulting program would serve as a demonstration to mothers of a positive learning atmosphere for their children was closely tied to the goals held for the mothers. Only if they could see their children learning, could observe good mental health practices and their results, and feel that they could follow through in similar ways of teaching and interacting with their children, did we feel that the goals we held for mothers could be accomplished.

There was little staff disagreement about the social and emotional goals for the children. The development of a basic sense of trust, of self esteem and self confidence, autonomy and initiative were all seen as vital to the child's development of cognitive and motor skills. The classroom milieu, while reflecting the age group that occupied it, felt very much the same in each room.

The infant to two's room, while it held cribs, a playpen, and small plastic climbing steps, was a friendly comforting place to be, with many warm laps, approving smiles and nods, and staff and parents on the floor, using bright colored equipment and baby games (Gordon, Project IDEA) with one or two babies or toddlers at a time. Specifically, the teacher worked daily with each child, either at an activity or with infants in motor movement. The major goals in this room focussed on 1) trust - that is, the ability for the very young child to trust an adult other than the mother for care and nurture, 2) sensory and cognitive stimulation - interest and curiosity were encouraged by verbal and non-verbal behavior, use of sensory materials such as sand and water, and exploratory behavior also was reinforced. Equipment was rotated, to

provide as high a level of interest as possible; 3) exposure to language stimulation, both Spanish and English. Babies were held, played with, talked to, sung to a great deal of the time. When they were fed, they were talked to and as they were readied for naps they were sung to. It was felt that by maximizing contact and stimulation, but in an atmosphere of calm and warmth, the children and mothers would learn and develop.

Specifically, trust was fostered by efforts to keep the personnel in the room constant, to try to comfort an infant if the mother left and the child was unhappy, but to call back the mother rather than let him/her scream a long time, and also took the form of allowing exploration and independent functioning. Language development and bicultural learning was largely a function of experiencing the sound of two languages and cultures in sound. There was no direct language training, and children were spoken to in their family's primary language, but they also heard a second language. (Often the only time that this occurred in their lives.)

Many mothers began with the attitude that this was a waste of time. For example, recently a new mother said, "I don't want to work with my 10 month old baby because anyway they don't learn anything". Another mother who was in last year's program replied, "Oh, there are lots of things you can teach a baby. Last year we had a doctor who came and talked to us about how important it is to teach a baby." Of course such attitudes are not immediately changed. Nevertheless, continued modeling by the teacher and "old" mothers is the best reinforcement of the new mother's efforts. At the end of the year, several mothers, when asked if they had noticed changes in their child said, "Yes - I never knew babies could do so much".

The two and three year old children were divided into two groups, with separate teachers, but shared a room. The reading, housekeeping and block building areas were used jointly (unless one group was in the yard or gym) but all table, art and mealtime activities took place at separate tables.

The goals for the two year olds, as described by their teacher, were to 1) make the children secure, 2) to develop language, 3) to learn about things by feeling and doing them. To achieve her first goal, the routine for this group was set and adhered to. The children knew what to expect, and what would happen. This routine included rather frequent procedures for toileting; many of these "striders" were in the process of being trained - to develop autonomy, the children were given ample opportunity to help themselves. To develop their sense of trust, any accidents were accepted matter of factly, they were helped into dry clothes with no judgmental words or "vibes", and frequently children made great strides in their training while at the Centro.

The teacher in this group tried to do all aspects of her program bilingually. She would first speak to the children in their primary language, but always translated it into the other language. To encourage the child's language production, (in any language preferred by the child) the teacher did not immediately respond to a child's non-verbal request. For example, if a child was on a swing and began to scream, she would go over, but not push until she had encouraged him to say the word "push". Nor, if he just pointed to an object, would she just hand him the object, but would supply the word, encourage him to say it, and while she repeated the word, give it to the child.

Since a child of two was clearly at the sensory-motor stage of development, almost all activities planned were things the child moved in, on, or around, things to touch and feel, even stories were read, when possible, in conjunction with use of objects the children could touch. How these opportunities were provided can be seen on the daily planning sheet used by teachers, which correlated the activities they planned with the goals held for the children.

The three year old room also held goals of self-esteem, self confidence and social development. For these children, the teacher felt much positive "feedback" was important; she gave much praise, verbal and non-verbal to the children for all activities they initiated and participated in. It was also an area in which she tried to get mothers to help. By carrying out many kinds of socio-dramatic play, correlated with field trips, such as grocery store, she worked at social goals, such as sharing. She also included much bilingual and bicultural learning in these situations; e.g. the store stocked items such as tortillas, beans, salsa etc. The cooking activities included foods regularly served in the Mexican American home.

The three year olds, while also having a definite schedule to trust, also learned about the schedule for purposes of understanding sequence, learning to plan ahead, and many activities were provided to develop small motor coordination as well as large motor coordination (e.g. small lego blocks, in addition to unit and hollow blocks, small peg and construction sets, small paint brushes as well as large.) These materials they manipulated were also an opportunity to experience the "feel" of different sizes, as a readiness for seriation activities.

The teacher also provided many experiences in the area of physical knowledge, with an active science area, introduction of different animals and objects to act on.

The teacher of the threes also spoke to each child in his/her home language, but always translated everything. She felt this was very time consuming, and felt that a plan of experimenting with a half day conducted in Spanish, half day in English would be good. This was discussed with mothers, who all reiterated their feelings that English learning should be emphasized. As a result, the constant bilingual approach was continued. She did a lot of direct learning activity in the classroom, such as learning the names of objects and pictures of objects on lotto cards.

The four to five year old room was seen by staff as the most "school readying" room. The teacher in this class tried to foster the child's self esteem by giving them responsibility for doing things for the classroom and themselves, and then rewarding them with praise. For example, the children did the lunch count, and after getting to know the school, were able to go to the bathroom or to the singing room on their own.

She was concerned to expand the length of their attention span, and did this by starting with short group activities, and lengthening each time a bit, to enable the children to focus on any activity for an increasingly longer time period.

To expand language, she used primarily group discussion to connect home/school experiences, field trips and so on. She spoke to each child in their

primary language, and translation was rare. Since the mothers of the children in this class were especially concerned that their children learn English, there was some conflict about this, which was never resolved. During the last six months of the program there was a new teacher, and almost all these problems were solved, to the satisfaction of parents and staff.

In addition, parents of the four - five year olds were eager to have traditional "academic" learning go on--they did not see the relation between the child's remembering the whole day's routine as a step to understanding temporal sequence, or that talking about objects and pictures similarities and differences constituted a learning experience in classification.

As a result, there were some "academic" one to one activities done, but this room had the most conflict about what the cognitive and language curriculum should be, and how such a curriculum is to be implemented.

To demonstrate how the same total orientation was used in each classroom, an example of a daily planning sheet for each age group may be seen. Each day's activities included bilingual and bicultural experiences as well, even though they are not always specifically mentioned in the day's planning, they permeated the entire Centro, from getting on the bus in the morning, to classes for mothers and children, to meals and then the trip home.

It is the feeling of the entire staff that the social and affective goals of the program are being met. The cognitive goals too are seen as appropriate, but are difficult to implement with an untrained staff; as the personnel has become and feels more competent and confident, their implementation of an age appropriate cognitive curriculum flows more easily. Also, <u>how</u> to work in a bilingual and bicultural setting is still being experimented with. It is clear that there is no "perfect" way - we are seeking the way that seems most effective in this setting.

This has been an overview of the children's program. Of course, much of the richness of watching the children's growth, seeing their increasing confidence and competence is not evident. What we do hope we have conveyed is that the children's program, while it has a specific framework and plan, is still a dynamic <u>process</u>; it is constantly changing, developing, being evaluated, changing further, and reflecting the learning and insight of the staff and participants.

While the first three years of the program reflect the pioneering nature of the project, the children's program is now being implemented by a mature and trained staff, which also indicates the changes being experienced by the Centro as a whole. The teaching team now feels a unified approach to goals, ways of attaining them and a daily curriculum that will see goals reached.

The problems have been mentioned, not because they have been a constant source of difficulty, but because we feel it was an important growing process for the staff and parents to recognize them, to experiment with solutions, and to come to a point of real satisfaction in this area of program development.

Also, we feel that if a program like this be replicated in another community, it is important to know the kinds of problems we encountered, the solutions that seemed unviable and those that appeared to work. Only in this way can the richness of our experience illumine the efforts of others.

Activity Theme: Doctor Goals 2 year old group

	Social-Emotional Development-Relationships with peers & adults. Feelings about self: active, curious, confident, exploratory	Physical Development Coordination Small & large motor development	Physical Knowledge-develop & expand ways children can act on objects, to see what happens & then predict what will happen & test predictions.	Spatial Knowledge Knowing & acting in positions in space placing objects in order, copying models, predicting directions of objects	Time Oriented Knowledge Learning to structure time into sequences; first, next, last, etc.	Classification Similarities & differences among object & ability to group them. Mobility of thought	Seriation Relative differences between objects and ability to order them according to difference.
Dramatic play doctor, nurses	The two's were curious about doctors, exploratory and active	Buttoned the buttons on doctor coats.	What happens when someone has an accident	2's were looking into mouth using tongue depressor, looking in mouth, tongue depressor on tongue.	first we call doctor's office Then we wait in waiting room then we see the doctor.	Things the doctor uses, things he does not use. Had stethoscope, pill bottle, bandages and also cars and blocks.	
Collage with circles big & small		Small motor development of picking up circles and pasting them					Big and little circles
Small blocks for building	Interacting w/ adults as they piled blocks. Sharing blocks with other children		How high can we pile blocks before they fall? Building and letting them fall	"On top of" with the blocks			Tall and short comparisons of children's structures
Outdoor play on swings	Interaction w/ adult as they pushed. Feeling big as they were swinging high. Confident adult would not push too high.	Holding on Moving body with swing motion.		Moving legs forward and backward			

2600 49

Judging equivalence: more, less, etc.	Imitation: Social dramatic play-stepping out of self and acting part of another	Make Believe Let objects stand for other objects e.g. block for car	Recognizing representations Seeing & knowing pictures, objects that represent other objects.	Making representations - Create, with a variety of materials things that stand for objects.	Language-using sounds & words to communicate ideas and exchange opinions	Social Knowledge; understanding rules of games	
	Playing part of doctors and nurses, patient. How did they decide?	Making believe that large flashlight was doctors light, turkey basters were needles for injections.	Used pictures and also real object. There was no response but children listened.	Creating an office, which had bed to lie on, doctors chair and "waiting room" paper hats for nurses hats, white shirts for doctors coats.	Language-stethescope, tongue depresser, ambulance, waiting- room, cotton balls	Patient Doctor Nurse	Getting to know doctor's a friend also lose fear by holding children "doctor" smiling and telling them how big they were.
Looking at collages and asking if picture had a lot of circles					circle, big & little were used		
					"block" "tall" "short"		
					"high" "low"		

Activity Theme: Grocery Store Goals 3 year old group

	Social-Emotional Development Relationships with peers and adults Feelings about self: active, curious, confident, exploratory.	Physical Development Coordination Small & large Motor Development	Physical Knowledge Develop & expand ways children can act on objects, to see what happens & then predict what will happen, & test predictions	Spatial Knowledge Knowing & acting in positions in space placing objects in order copying models, predicting directions of objects	Time Oriented Knowledge Learning to structure time into sequences; first, next, last, etc.	Classification Similarities & differences among object & ability to group them. Mobility of thought.	Seriation Relative differences between objects and ability to order them according to difference
Grocery Store Dramatic Play	Children will need to interact closely in the make-believe grocery store. They will learn roles of storekeeper, shopper	The children cut out their money and worked with the cash register, to develop small motor finger dexterity and cutting skills			Store - 1st you pick out your groceries, take it to the counter, the cashier rings it up then the box (boy-girl) puts groceries in a bag, you pay the cashier	sorting cans and boxes into separate piles	
Science using juice cans, milk cartons to pour water			What will happen when we pour two small cans into one large can or vice versa - same using milk cts. & 1/2 gallon cartons. Will it spill or won't it.	Putting cans on table, next to or on top of each other		group small can-carton and large	large, small, large, small cartons in seriation
Actual grocery store field trip	The children realized that they all used soup and talked about which kind they used and which detergent their mothers used		What will happen when we put the apples(bag) on the scale? What will happen when we drop the paper plates on the ground?		First we take the bus to the store, shop and pay, wait for bus to go back to school then have lunch, etc.	group & match foods in the grocery store	

Fingerpaint, using two colors	Many times are able to work out feelings about themselves, as they feel the paint push in anger or move in different ways	small motor development, keep on paper, use hands & fingers	children were able to predict what would happen if they used their fingers, fingernails, fists, and sides of hands, etc.			which pictures were the same as to color; which were different	

SSOM 52

Number	Representation					
Judging equivalence: more, less, etc.	Imitation: Social dramatic play-stepping out of self and acting part of another	Make Believe-let objects stand for other objects. e.g. block for car	Recognizing representations r seeing and knowing pictures, objects that represent other objects.	Making representations create, with a variety of materials things that stand for objects.	Language-using sounds & words to communicate ideas & exchange opinions	Social Knowledge
Scales-do we need more or less to make the scale even. We used vegetables	Lots of this! The children will play shopper, cashier, box boy-girl.		Ability to match a real object to or with a picture; vegetables, soup cans, etc.		Always in dramatic play. Telling what they are doing, talking about the objects in the store.	Children will learn to take turns playing different roles. Learn how others react if they insist on a certain role
Which packages, cans, cartons hold more? or less?					Yes! more, less, spill, empty	
Which bag (rice) has more, which has less?					We talked about everything in the store, cashier, butcher etc! Which food items go in the freezer, ice box, shelves etc. Which soap they use at home.	Learning to wait for others, what teacher reaction would be if they ran ahead.

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Activity Theme: Cooking Goals Four year old group

	Social-Emotional Development Relationships with peers and adults. Feelings about self: active, curious, confident, exploratory, aware.	Physical Development Coordination Small and large muscle development.	Physical Knowledge. Develop and expand ways children can act on objects, to see what happens and then predict what will happen and test predictions.	Spatial Knowledge. Knowing and acting in positions in space. Placing objects in order, copying models, predicting directions of objects.	Time Oriented Knowledge Learning to structure time into sequence; first, next, last.	Classification Similarities & differences among objects, and ability to group them. Mobility of thought-first ordering one way-then another.	Seriation Relative differences between objects and ability to order them according to differences
Collage of what items can be cooked by heat. Children separating which can't.	Talking with other children, how their mommy or daddy makes the food.	Cutting and pasting objects on large piece of paper. Using small motor skills for cutting and pasting.	Children were asked what would happen if they cooked non-food objects-chairs, tables, etc. Had a frying pan and cooked potato, then "cooked" a piece of wood.			Classifying what objects can be cooked what objects can't be. Items on one paper, other objects on other paper.	
Children make chocolate w/ milk. Left one cold, one warm, and one hot.	Children became aware of differences of opinions. Some like cold, warm, hot. Talked to each child about his favorite.		Children found out what happens when you place cold milk in saucepan and heat a little, then a little more.				
Children made cookie batter (oatmeal) to cook in oven.	Answer-found out different things can be cooked on top of the stove - others in oven.	Large motor muscles. Children would have to stir very hard when oatmeal was placed in bowl.	Towards the end children had a hard time waiting-were asked "what would happen if eaten now"-- Discussion Saw that by baking cookies, the soft dough became firm cookies.	Placing cookies on cookie sheet.	First get ingredients, then mix, then bake then eat.		Made cookies of different sizes small, medium & large. Stacked them when they were done to see that.

Number Representation Theme: Cooking

Judging equivalence, more, less.	Imitation: Social Dramatic Play-stepping out of self and acting part of another	Make Believe-let objects stand for other objects e.g. block for car.	Recognizing Representation Seeing & knowing pictures, objects that represent other objects.	Making representations. Create, with a variety of materials things that stand for objects.	Language-using sounds and words to communicate ideas & exchange opinions.	Social Knowledge. Learning & using "rules" of the world, how people react & what is expected.	Evaluation of Activities as a whole, or in particular goal area.
Did we have more things that could be cooked (potato slices, macaroni, beans, rice andbits of wood, shells)			Pictures of food or objects stand for cooked food. After we worked with real objects, talked about pictures of objects.		Talking about warmth, coldness, heat - what is hotter, etc.	Knowing that an oven-stove can get hot. Talk about foods getting cooked.	Good project. Children enjoyed, learned a lot of new words for goods.
					Children were talking all the time of how they liked chocolate about how different Mexican chocolate tastes.		Anytime the children get something to eat - they enjoy the activity.
Dropped cookies on cookie sheet. Talked about which sheet had more or less, how can they all be the same.					Some children told of their favorite kind of cookies. One said he likes the kind "in the package".		It was hard for some children to wait for all the cookies to be done. But we talked about what might happen if eaten now.

Research - Some Questions and Answers

Question: "Has coming to the program changed your life in any way?"

Answer: "Yes - I think the time I've spent there has helped me like myself more and to know other women, like in the meetings - it helped me a lot - I feel proud to go and it's a proud thing to belong somewhere"

"Before I thought myself to be inferior, now I don't feel that way."

Question: "Why was it important?"

Answer: (talking to staff) "I got a lot of help - it scares me to think there might not be funds because there must be other Marias."

Question: Why was your participation in the children's program important to you?"

Answer: "It is good for both of us, because I never had the opportunity of being with the other children and teaching them and being patient with them. My son and I learned to know each other, because at home the children know me as a nervous and impatient person."

Question: "Have you noticed any changes in your child since you started coming to Centro Familiar?"

Answer: "He is more alert than the other children, and more independent."

Evaluation of the program - Introduction

Up to this point, we have discussed how the program was conceived, developed, and operated. Now we turn to the evaluation and documentation of this process. In retrospect, it is clear that we could have done a large study of the social elements in the data gathering process itself. How distant was the research staff from the program staff? What was the meaning and consequence of research staff turnover? What was the effect of the research process on the program? The answers to these and other questions must be deferred to other studies. Here, we limit ourselves to the evaluation of the program itself.

The research has sought to identify:

-- the social and demographic characteristics of the population served

-- their utilization of existing community resources

-- their attitudes toward the program

-- the impact of the program on the mothers' child rearing repertoire and self concepts

In the course of this investigation information about the socio-economic background, family structure, and resource utilization was collected. Additionally, changes in the mothers' child-rearing repertoire and self concepts were documented through interviews and observations. Some, though substantially little, data was collected on a contrast or comparison group.

The research section of this report is divided into the following subsections:

1. a discussion of the comparison group and related data collecting problems.
2. a summary of the instruments used and our evaluation of their usefulness.
3. a profile of the experimental and contrast groups
4. a description of work and family attitudes in the experimental group
5. A report on participation of SBFCC group members in other groups
6. a discussion of mothers' self concepts
7. a summary of the SRI profile
8. a review of problems experienced by the SBFCC families
9. a description of the families' knowledge and use of community resources
10. changes in mother-child interaction patterns
11. a summary of the findings of the PARI and FAS tests

12. general research conclusions

Before getting into the body of the research findings, however, a few words are in order regarding the rationale behind the development of the instruments used, and some of the problems occasioned by the evolving nature of the data gathering process.

The Preliminary Interview was designed to provide a "baseline" on selected characteristics of new members of program, including their expectations about the program. Additional thinking about what constituted adequate baseline data resulted in a revision of this instrument: additional questions were added. Secondly, some coding problems were corrected by revisions in this instrument. Finally, the Spring instrument, designed to measure, in part, changes during the year, included questions for which there was no time 1 (baseline) data. Thus, more questions were added to the Preliminary Interview. By the end of the first year of research, both the Preliminary Interview and the Spring instrument had been stabilized in relation to each other, and provided accurate Time 1 and Time 2 data on a variety of subjects. While this constant revision of the Preliminary Interview had the good effect of substantially improving the Preliminary Interview as an instrument, lack of comparability between different words of the instrument take its toll in later analyses. We believe that the changes we made were ultimately "worth it", but we were left in the methodologically unenvious position of having Time 2 data for items without having comparable Time 1 data on the same items and having Time one data on some items for some people but not for others. Perhaps there is no good solution to this problem in research of this type. New instruments cannot be expected to be perfect without trying them out, but in action programs, the "data" won't sit still long enough for you to perfect the instrument before you use it in the study. We knew of no tried and perfected instruments which could have functioned as the Preliminary Instrument.

We used three measures of attitude or value constellation: the SRI (Social Reaction Inventory), the PART (Parent Attitude Research Instrument), and the FAS (Family Attitude Scale). A discussion of each of these scales precedes their presentation. While our basic concern was with behavioral changes in the mothers in the program, and the resultant behavioral changes in their children, we were also concerned with the role that psychological factors played. As the research will report, we found no changes in attitudes, and this was despite the fact that we were using tested measures. It's rather ironic that the tested measures yielded less than the measures that were continually evolving.

The CRQ (Community Resources Questionnaire) was designed by the project staff for the purpose of assessing the problem-solving resources and techniques of the study population over time. As such, it was vital that we have T1 and T2 measures on this instrument, and considerable effort was put into insuring this outcome. The instrument was quite large and took over one hour to administer. As a result, we encountered more resistance to the use of the CRQ (by our study population) than we did to some of the attitude measures that were at least as "personal". It was not clear what an "optimum" size would be for it. If there were fewer other instruments, perhaps we could have made the CRQ any size we wanted. In any event, this instrument seems to have worn out some of our respondents, who reacted to the size of the questionnaire by giving increasingly abbreviated answers.

A major dependent variable in the research was parent-child interaction. Since this instrument was observational rather than answers to questions, additional training in the administration of the instrument was required. A high degree of between-observer consistency was established before any research assistant was put into the field to collect data on her own. The initial self-consciousness of the mothers rapidly gave way to one of two feelings: ignoring the procedure altogether, or being mildly flattered that they were the object of research interest. In any event, the data was carefully collected, and constituted such a large magnitude of information that much final analysis awaits further scrutiny. The results of the mother-child interaction observations, as reported here, accordingly represent a relatively small part of what can be done with the data.

The observations of mother participation in mother's groups similarly provided their share of methodological problems. While the data was apparently well-collected, the analysis proved to be far more difficult than anticipated. This data too, while we have general impressionistic results, can only be subjected to a more extended analysis in the future.

Finally, we collected two further types of data. One is field notes about the program, the mothers and the staff. This material, while qualitatively rich, was included in the description of the program rather than in the research section. It is important, in part, because it constituted one link in the chain of communications between the research staff and the program staff. As such, it was one ongoing research contribution to the program. The other type of material is the documentation of Social Services and community-parent coordination. Again, this data for the most part, might well be more useful to a social service worker operating in the program than in an evaluation of the effects of the program. Where this data is relevent, it is included in the description of the program.

A few words are in order about the training of the research staff, and about the types of staff members who proved to be best able to do high quality data collection. We began from the premise that the hiring and use of community residents would be desirable: it made community involvement more real, it put some money into the community, and it took seriously the importance of having staff who shared their ethnicity with the community.

However, we discovered early that community residents, because of their lack of familiarity with research procedures, and because of their occasional difficulty in English fluency and in literacy, took twice as long to train as university students. We might have accepted this as part of the price of involving the community were it not for another problem: our respondents didn't trust their peers to keep the interview material confidential, and thus were hesitant to give full, accurate answers. On the other hand, university students, despite their bilingual skills, their research aptitude, and their brightness, were seen by the respondents as young, inexperienced, and therefore not appropriate people with whom to share personal feelings and problems. Ultimately, the most successful interviewers were bilingual women, perhaps Mexican American (although this was not a requirement), seen as mature, and able to keep their distance at the same time that they maintained rapport. They were all university graduate students, and all understood the uses of research in general and the purposes of the project in particular.

It should also be remarked here that we recognized the need for communication between the interviewers, the coders, and the data analysts. We created a self-correcting feedback loop that maintained the integrity of the meaning of the data to the respondents by constant communications from each part of the research enterprise to the others. Thus "uncodable" answers were discussed and corrected, "context" of open-ended and multiple choice answers was communicated, etc. As a result, we believe that our data captures much of the original flavor of the answers.

1. The Comparison Group

Our comparison group consisted of all the mothers of children that were participating in the 1972-73 and 1973-74 Headstart Program in Santa Barbara, California. In that program, all the children who participate are four years old, so generally only one child in a family is in the program in any one year. Also, mothers may volunteer to work at the school, and may attend parent meetings, but their participation is not required. A much lower income level is required for participation in the Headstart Program than at the SBFCC.

There were 30 mothers in each year's Headstart Program. Of these, some overlapped with our sample - that is, the mothers and young children participated in the SBFCC program while the older child was at Headstart. This left us with 24 Headstart families in 1972-73, and with about the same in 1973-74. Refusals accounted for the majority of families who were not interviewed during the first year (there were six such cases), and in addition several moved away and so were not available for interviewing. By the end of the first year, we had time-1 and time-2 data for only 13 mothers. We had no control over those who moved away, but the refusal rate seemed more controllable. During the first year, the interviewers were Headstart staff. Since they were very inexperienced at interviewing, however, they required much training, and despite this training, felt pressed for time and had many refusals. For the second year, we used SBFCC staff who had been previously trained in interviewing. We believed that using SBFCC staff to interview Headstart mothers would also give us additional consistency and would thus bolster the reliability of comparisons between the SBFCC and Headstart groups.

Despite our concern and efforts, our 1973-74 sample of 28 mothers proved to repeat the attrition rate of the previous year. Out of the initial list of 28 mothers, 22 were able to be contacted and interviewed at the beginning of the year. At the end of the year, in spite of great efforts on the part of the regular SBFCC interviewers, only 13 mothers were interviewed. Of those who were not interviewed, the reasons ranged from having moved to outright refusal to not being there despite repeated appointments being made.

This took place in spite of the fact that we reduced the size of one instrument - the CRO, which had previously been complained about as "too personal" and "too long".

It was then clear to us that there were major differences that made this group of mothers a poor "comparison" group; they are more mobile, there were more single parents and working parents and they were far more resistent to interference in their lives by outside agencies or institutions. This may reflect the fact that so many agencies already make demands on their time and

energy where they have no choice. As in school board elections, here is one place people can say "no", and they do.

Also, of course, they got no program "payoff". They had no stake in the continuation or existance of Centro Familiar.

We report the findings we do have, but are aware that the number of cases limits the usefulness of the data severely. We don't feel that any major conclusions drawn from these comparison data would be valid.

The inventory of research instruments shown below is intended to give the reader a general summary of each instrument, what it measured, when it was administered, and what we thought of its usefulness. As can be seen, in general we were satisfied with the instruments we developed, but have some reservations about SRI and CRQ because of their effect on the respondents. In addition, we have some concerns about the coding problems involved in the Parent-Child interaction form and the Mother's Group Participation form.

Table I

INVENTORY OF RESEARCH INSTRUMENTS

Instrument	Timing of Administration	Measures	Evaluation of Instrument
Preliminary Interview A. 1st version Spring 1972 B. Supplement to 1st version Fall 1972 C. New Form including the supplement Fall 1972	Experimental Group Given to each individual upon their entrance into the program for 1971-72 program year and 1972-73 program year. Contrast Group Administered during the Fall of 1972 to Contrast Group A.	Family structure Residence patterns Mobility Education Process of coming to program Community group participation Medical resources Child care resources Personal goals for participation in program Language pattern	Easily administered, gave the data we required, size appropriate, research assistant training as expected.
Preliminary Interview Fall 1973 (expanded to be optimally comparable to Spring 1973 interview)	Experimental Group Given to each individual upon entrance into program for 1973-74 program year Contrast Group Administered during the Fall of 1973.	All measures in above discussion of early Preliminary Interview, plus: Work history Attitude of husband and family to program, and to mother's working	Same as earlier preliminary interview.
Spring instrument	Experimental Group Every program participant was administered this instrument at least once, and those who were in the program long enough during the study period were administered the instrument twice. The Spring instrument was given each Spring during 1973 and 1974. Contrast Group Administered during the Spring of 1973 and 1974.	Changes in data collected in the Preliminary instrument, plus evaluation of program for P and child.	Valuable instrument: provided data we wanted and gave needed feedback to program. Size, training, etc., as in Preliminary Instrument. Parents had positive response to this instrument, since they enjoyed giving feedback about the program.

Table I (cont'd)

Instrument	Timing of Administration	Measures	Evaluation of Instrument
SRI (Social Reaction Inventory adaptation) (Originally developed by Rotter adapted by Gurin further adapted for SBFCC.)	Experimental Group Was administered from one to three times to each program participant, spaced about one year apart, during the study period. Contrast Group Same as experimental group above.	Fate Control Ideology Personal Control Ideology	Respondents disliked the necessity of making decisions between two alternatives.
PARI (Parent Attitude Research Inventory) (Developed by Schaeffer, adapted by Redin and Glasser, further for SBFCC)	Experimental Group Was administered twice to each program participant in the Spring or Fall of 1973, and the Spring of 1974 Contrast Group Same as experimental group above.	Child Rearing attitudes on dimensions of Authoriatrianism Strictness Equalitarianism Rejection of the Homemaker role	Respondents disliked this instrument somewhat, again because it forced them to take a position. However, most made the decisions easily, except for a few items.
FAS (Family Attitude Scale) (Adapted from Schaeffer and others by Ramirez, modified for SBFCC)	Same as PARI for both experimental and contrast group	The Mexican or Mexican-American characterization of: Family Attitudes authoritarian family attitudes, etc.	Respondents disliked this somewhat, for same reasons as PARI.
Community Resources Questionnaire (CRQ)	Experimental Group Was given to all program participants during 1st program year, and was repeated during the winter or spring of 1974 for nearly all who took it the first time Contrast Group given in Spring 1973 to Group A; given shortened form in Fall 1973 and Spring 1974 to group B.	Perception, composition and use of social network for problem solving; knowledge, use and evaluation of community resources; extent of family problems and family solutions for these problems; physical, housing, mental, and family	Questions regarding family networks did not prove very useful. The sections on problems and coping behavior were very useful. The questions on community use made the CRQ too long, tired respondents, and reduced the reliability of their answers.

Table I (cont'd)

Instrument	Timing of Administration	Measures	Evaluation of Instrument
Parent-Child interaction observation forms	Experimental Group Four 10-minute time periods in two different situations for each mother and her child.* Contrast Group Not administered *were done at 2 times during the 1972-3 program year and 3 times during the 1973-4 program year.	Mother's behavioral response to child's behavior, related to expansion of child rearing techniques: encouraging exploratory behavior, using mediating language, etc.	Considerable observer training was needed to get consistent observer results. Yielded reliable data.
Mother's Group Participation Form	Experimental Group Mothers were observed in four types of situations during both the 1972-73 and 1973-74 program year. Contrast Group Not administered	Amount and type of mother's participation in group meetings, using a modification of the Bales Interaction scheme.	The coding was so complicated (side comments, side conversations) that proper observation was impossible, given the size of the group and the complexity of the interaction.
Field notes, observations and tape recordings.	Experimental Group For program years 1971-72, 1972-73 and 1973-74. Notes transcribed, categorized and fed back to staff. Included in part of final report. Contrast Group Not administered	records content, process and progress of all aspects of program, as seen by researchers and other staff	Rich data, useful for program staff as well as researchers, and also useful as a bridge between program and research staff.
Documentation of Social Services and Community-Parent Coordination	Experimental Group Done for 1972-73 and 1973-74 program years. Contract Group Not administered	Extent of service, use of center and community coordinator by mothers.	Helpful as general background about the kinds of problems our families faced.

2. The Instruments

Table 2 gives the size of each instrument cohort.

TABLE 2

SBFCC: Size of Sample For Each Instrument Used

Instrument	Interview 1	Interview 2	Interview 3
Preliminary Interview	99	INAP	INAP
SRI (Social Reaction Inventory)	99	96	59
PARI - FAS (Parent Attitude Research - Family Attitude Scale)	99	95	INAP
CRQ (Community Resource Questionnaire)	97	95	INAP
SPRING Instrument	95	60	INAP

Headstart: Size of Sample For Each Instrument

	Interview 1	Interview 2	Interview 3
Preliminary Interview	40	INAP	INAP
SRI	38	31	10
PARI - FAS	40	23	INAP
CRQ	38	23	INAP
Spring Instrument	20	10	INAP

Demographic Data:

Selected Demographic Characteristics of SBFCC and Contrast Groups.
(All figures based on Preliminary Interview.)

Demographic Characteristic	1972-1974 SBFCC Group (N. 108)	Contrast Group (N. 36)
Average family size	4.9	5.1
" adults in family	2.2	1.8
" no. of children in family	2.7	3.3
" no. of children in elem. school	.9	1.1
" no. of children in program	1.8	1.0
" no. of preschool children	1.8	1.9
Age of mother	28.6 years	31.8 years
Mother born in Mexico	54%	36%
Mother born in Southern Calif.	32%	36%
Born other	14%	28%
Mother-rural setting birthplace	31%	25%
Mother urban setting birthplace	69%	75%
Mother-years of completed schooling	8.7 years	9.6 years
Marital Status:		
Married	87%	74%
Single	2%	5%
Other	12%	20%
Age of Father	32.3 years	35.6 years
Father born in Mexico	53%	44%
Father born in Southern Calif.	27%	24%
Father born other	20%	32%
Father-rural setting birthplace	35%	29%
Father-urban setting birthplace	65%	71%
Father-years of schooling completed	8.6 years	8.0 years
Duncan Socio-Economic Index of father's occupation	17	19
Occupation: gardener, janitor, cook, garbageman, kitchen worker, farm laborer, army	39%	50%
Occupation: Labor, skilled and unskilled (mostly unskilled)	55%	38%
Clerical	2%	7%
Business, sales, professional	4%	4%
Residence Patterns		
Lived in Santa Barbara less than 10 years	52%	56%
Median length of time lived in Santa Barbara	9 years	9 years
Lived in present home one year or less	36%	39%
Lived in present home five years or less	81%	84%

Demographic Data (cont'd)

Demographic Characteristic	1972-1974 SBFCC Group (N. 108)	Contrast Group (N. 36)	
Primary Language Spanish	59%	44%	
Primary Language English	41%	56%	
Secondary Language Spanish	23%	15%	
Secondary Language English	43%	28%	
No Second Language	34%	56%	
Mother Mexican identity (defined by birthplace and language)	53%	35%	Data for second year is inadequate (70% NA) Is not merged with 1st year
Mother Mexican-American identity (defined by birthplace and language)	35%	40%	
Mother "Anglo"	9%	15%	
Mother Black	-	10%	
Mother Other	4%	-	
Father Mexican Identity	59%	60%	
Father Mexican-American identity	22%	25%	
Father "Anglo"	11%	5%	
Father Black	6%	10%	
Father Other	2%	-	
Medi-Cal			
Knows is eligible	28%	58%	
Knows is not	28%	24%	
Don't know if eligible	44%	18%	
Ever used Medi-Cal			
Yes	21%	71%	
No	76%	29%	
Don't know - can't remember	3%	-	
Knows is eligible for food stamps	22%	57%	
Knows is not eligible for food stamps	28%	16%	
Doesn't know if eligible for food stamps	50%	27%	
Yes, has used food stamps	41%	78%	
No, has not used food stamps	59%	22%	
Receives no financial assistance	81%	45%	Does not add up to 100% because of overlap-some have more than one kind of assistance
Receives assistance through AFDC	8%	35%	
Receives assistance from other Welfare	7%	29%	
Receives other assistance	4%	8%	

3. The Experimental and Contrast Groups

In this sub-section we begin the reporting of our findings. While the two columns of the profile on the next page largely speak for themselves, a few remarks are in order.

It is clear that the SBFCC group is more Mexican or Mexican-American than the contrast group, the parents are younger, there are more intact families, and the fathers are better educated, although their economic index is the same as in the contrast group. A large difference emerges in the use of assistance programs. In the contrast group a far larger percentage knows if they are eligible for, and has used, Medi-Cal, Food Stamps, and Welfare. This may be largely due to the higher frequency of single parent families.

4. Work and Family Attitudes in Experimental Group

As was mentioned previously, it became apparent during the year that many mothers left the program to take a job. We began to wonder if that was part of the person's life pattern, or possible program effect. Stereotypically the Mexican and Mexican American woman's role is in the home; the parent participation requirement of this program counts on this. Was this not true for our mothers? How do they and their family view the possibility of their employment? As a result of an addition to the questionnaire, we obtained the following data:

Of our 162 respondents, 12% never worked
57% worked in the past, but are not working now
31% are working now (of these 7 out of 8 said they were working for financial reasons)

Almost two thirds of those that had worked before, had worked within the past five years, i.e. since they had children. Also, about one fourth of those not currently employed say they are thinking of getting a job.

When we asked mothers if they thought it was a good or bad idea for someone like themselves to have a job, two out of three responses were favorable. Two-thirds of these responses cited financial need and 1/3 personal needs, such as independence, self-confidence. Almost one-third of the responses were negative, most of them responding that it was bad for the children, child care was inadequate, the children were too young. (Note: many mothers gave several responses, in some cases both positive and negative.)

We asked mothers what they felt their husbands thought about their working. Two-thirds of the responses reported negative things; reasons why husbands wouldn't like them to work, including children's need for care, and their homeworker role; only 1/3 of the responses included reports that husbands thought it was a good idea to work (mainly financial. Often the negative response was qualified by saying that it would be different if there were a financial need.)

A profile of the womens' work patterns in the program indicates that most mothers have worked in the recent past, that their husbands and themselves see their role primarily as being one of child nurture and homemaking, but taking on employment when financially necessary. This fits the experience

we have had of mothers dropping "in" and "out" of the program. When there is great financial need, a woman takes a job. If financial pressure lessens, she returns to her homemaker role.

We also wondered how family opinion or pressure affected this pattern, so we asked "How does your family feel about your working?" We expected a response in terms of the mother's extended family. This expectation was based on past research about Chicano families, where great emphasis has been placed on the importance and extent of influence held by the extended family. However, 75 responses only mentioned their own children, 57 included their own or husband's parents, and only 37 mentioned other extended family, or fictive kinship persons. We asked the same question about family opinion about the respondent's participation in the program, and got a similar response. Apparently, while over 85% of respondents have relatives or comadres and compadres in Santa Barbara, questions about family mainly elicit responses about their nuclear family, and their own parents.

Since we assumed that husband's opinions about their wife's participation in the SBFCC program would be important to our mothers, and would affect their attendance, participation and enthusiasm, we asked each mother about this at the beginning and end of the year. Table 4 summarizes the reported opinions of the husbands at the beginning and end of the program year.

As Table 4 suggests, a positive attitude on the part of the husband was a requirement for entrance of the wife into the program. In addition, it can be seen that little attitude change took place during the program year, although there was a slight increase in neutral and negative evaluations by the husband. However, at the end of the year, mothers amplified their remarks about their husbands' attitudes toward program: their husbands approved of their attendance because they noticed changes in their children's growth and development, or in the increased happiness and well-being of their wives. Many husbands asked their wives whether a particular day was the day she went to school. One husband, upon hearing that his wife didn't intend to go to school that day said, "You have to go, how do you expect the children to learn?"

We turn now to a discussion of the attendance picture at the SBFCC. Table 5 below is a "flow chart" of the movement in and out of the program by 126 program participants.

Table 5

	Spring 1972	Summer 1972	Fall 1972	Winter 1973	Spring 1973	Summer 1973	Fall 1973	Winter 1974	Spring 1974
Carried over	-	46	36	46	51	46	30	48	55
Entered	49	-	24	14	-	-	26	13	-
Returned	-	-	-	-	-	-	2	2	3
Dropped	3	10	14	9	5	16	10	8	5
end of quarter	46	36	46	51	46	30	48	55	53

A typical (Mean) quarter would have loked like this:

45 carried over from the previous quarter
9 entered program for the first time
1 returned to program after having been out of program
9 left program during or at the end of the quarter
46 were in program at the end of the quarter

TABLE 4

Attitude of Husband Toward Wife's
Participation in SBFCC Program

Attitude of Husband	Beginning of Year		End of Year	
	Number	Percent	Number	Percent
Total - all attitudes	45	100.0	66	100.0
Positive - total	44	97.8	60	90.9
to child's experience	14	31.1	17	25.8
to wife's experience	14	31.1	9	13.6
to child and wife's exper.	8	17.8	4	6.1
general	8	17.8	30	45.5
Neutral	1	2.2	4	6.1
Negative	-	-	2	3.0
to wife's experience	-	-	1	1.5
general	-	-	1	1.5

We also computed daily attendance by quarter for the program.

Average Attendance per quarter and per day

Quarter	Number who attended at least once	Total attendance during quarter			Mean attendance per day
		Possible	Actual		
			Number	Percent	
1	46	1409	629	44.6	13.7
2	58	1447	898	62.1	15.5
3	58	1310	710	54.2	12.2
4	48	1008	591	58.6	12.3
5	52	1306	680	52.1	13.1
6	60	1378	708	51.4	11.8
7	51[1]	983[1]	536[1]	54.5[1]	10.5[1]

[1] does not include individuals who entered after March, 1974

NOTE: part of the decline in attendance may be attributed to decreasing attendance in field trips - while the "regular" class days maintained a high attendance

Initial attendance in program is a good predictor of future attendance.

Mother's first three months of attendance 1972 - 1974 (days)	Average attendance per quarter for rest of study period (days)
1-5	3.7
6-10	3.5
11-15	5.8
16-20	7.9
21-25	8.5
26-30	9.5

As can be seen, those who attended frequently their first quarter in program attended two and one-half times as often in the future, as those who initially attended infrequently. Another way to look at the meaning of attendance is in the table below.

Number of quarters registered for program	Mean attendance during quarters registered (days)	Number of People
1	12.6	25
2	12.0	36
3	11.1	23
4	13.0	13
5	12.9	14
6	13.8	6
7	14.9	7

Some continue in program with declining attendance and finally drop out, while others continue in program with consistently high attendance. This compilation is somewhat confounded by the fact that, in accordance with program policy, a few mothers were "carried on the books" despite the fact that they never attended during one or more quarters fro which they were registered.

In a program that values high attendance it behooves the program staff to encourage attendance during the early participation of each mother, since early attendance predicts future attendance.

5. Participation in Outside Groups

We have some measures of participation in groups outside of the SBECC. Table 6 summarizes our findings in this regard, for two time periods separated by one year.

School related groups were more often joined by the second year, while at the same time there was less involvement in Church related activities. In addition, the average number of groups program participants belonged to increased. The increase in school related groups and the greater general group involvement are both positive findings for the program effect.

It was our hope that the learning gained by identifying with an educational institution would transfer to increased participation in other educational institutions. This appears to have happened, especially in relation to leadership roles.

As a measure of increased involvement and taking on responsibility at the Centro, we have not only the attendance records, but also a record of the participation of mothers in various center activities. Much of the participation of the mothers has been indicated in the section describing the mother's program. An example of the increasing parent responsibility is evidenced by the increasing incidence of staff turning problem decisions over to the mothers, e.g. whether a mother doing child care can come, what kinds of classes and speakers to provide and what types of field trips to go on. Recently, during a group discussion, a teacher mildly rebuked a mother for saying something slightly "put down" to another mother. The rebuked mother responded to this by saying, "Well, isn't this our program? We all feel comfortable enough to say what we think!"

Three further vignettes from observer reports are examples of a sense of ownership and identification between mother and center.

"Our mothers are no longer passive, waiting for staff persons to act. When a mother asked for a cookie recipe that the children had made, and was told it would be duplicated, she came to the office a few days later, asking where it was and asking that it be prepared soon."

"After the yard was completed, a note was sent to all mothers and fathers in appreciation of their work. One mother was inadvertently left out. She came up to a staff member and said "I want to complain - I didn't get a note" Needless to say, the oversight was corrected."

"Another mother brought to school the words of a song she knew and it was duplicated. When a teacher said to the group that we would sing that mother's

TABLE 6

	At entry into program		At end of program year	
	Number	Percent	Number	Percent
1. Group type				
PTA, school related	29	59.2	55	65.5
Church, social	12	24.5	7	8.3
La Casa, Azteca	3	6.1	9	10.7
Community Center	1	2.0	1	1.2
Catholic Welfare	2	4.1	1	1.2
Planned Parenthood	1	2.0	-	-
Other	1	2.0	11	13.1
2. Type of participation				
not a member, infrequent participation	5	10.2	30	35.7
member, infrequent participation	14	28.6	17	20.2
not a member, frequent participation	8	16.3	3	3.6
member, frequent participation	16	32.7	25	29.8
officer or committee member	2	4.1	9	10.7
NA participation	4	8.2	-	-
3. Number of groups belonged to				
0	87	70.7	99	61.1
1	24	19.5	46	28.4
2	11	8.9	11	6.8
3	1	.8	6	3.7
Mean	.4		.5	

song, she quickly replied, "Oh, no, now it is the school's song", truly sharing her culture and language and ownership of the center.

6. Research Findings Related to the Mothers Self Concept

Mothers were asked a variety of questions relating to program evaluation in terms of her children and herself. We asked "What did you like for yourself about participating in the children's program?" Out of 192 responses we identified:

- 8% generalized learning "for myself"
- 41% learning to teach my child
- 26% I gained a new and better relationship with my child (Seven of ten of these said "Now I am doing things with my child")
- 11% I am learning new skills for myself
- 7% Getting away from the housewife role
- 7% too general to classify

We see in this a person who feels good about being able to teach her child, relate positively to her child, and in addition feels good about developing new skills and understandings for herself.

When the respondents were asked their reasons why the item mentioned was important to them, the following replies were obtained:

- 22% It enhanced the parents role in relationship to schools (e.g. "I like to know teachers, learned to help children in school" etc.)
- 25% Liked better relationship with child
- 24% Felt "better about myself"
- 20% Had a "better appreciation of my child"

About one in twelve answers was just a vague positive response.

Again, we see a mother that feels she can relate to schools, can feel good vis-a-vis her children and herself, and does.

We then asked "What did you like for yourself in participating in the mother's program?" Of the responses,

> Almost three out of four mentioned skills learned in program. The most frequent skills were learning another language and driving.
>
> One fourth spoke of information gained from meetings and speakers. Almost half of these made specific references, most of these mentioning medical information, consistent with other observations we have made.

When we asked why mothers skill gains were important we got these responses:

Important because:

- 39% There is value placed on a specific skill (38 mentioned driving and learning English)

14% The mother desired gain in knowledge and understanding
25% General or vague response that indicated importance of learning, but didn't specify particular knowledge or skill.
15% Important because of a better state of feeling more relaxed, likes it, only opportunity.
7% Important because of relationship with others, getting out of house.

In all, mothers appear to see themselves as active learners of skills they want to learn, and enjoying a better feeling about themselves, and their relationships.

Lastly we asked if the mother felt that the program had changed their life. Almost 6 out of 10 said yes. When we asked how, the responses were:

17% Gained general learning and understanding
22% Improved relationship with child/husband
22% Improved relationship with peers

The remainder said things like:
Gained independence
Gained confidence
Became more constructive
Feel more at home in the U.S.
Feel more at ease
Feel better at home
Take life easier
Less mad
Feel a tension release
Good for me
Good for children
Other

The program is perceived by mothers as making a positive impact on themselves as persons, as mothers and in the home. This appears consistent both with our goals, and also the Mental Health component of the program.

7. The Social Reaction Inventory

The Gurin adaptation of the Potter Scale of Internality-Externality (the Social Reaction Inventory) was administered at two times to all mothers in the Experimental and Contrast Groups. Only the items on Personal Control and Control Ideology were used, since the Gurins had found that a sense of personal control related to motivation and performance in Black students, while a sense of control ideology did not. It appeared that a person with a high sense of personal control believes he/she can control what happens in their own life and has a strong sense of their own competence. Since we are interested in developing these feelings, it appeared a good measure to use.

Factor scores were computed for Control Ideology and Personal Control for each mother in both the SBFCC and Contrast Groups. Table 7 presents a comparison of the SBFCC and Contrast groups at time 1 (upon entrance into the program), time 2 (Spring of the program year in which the individual entered the program) and time 3 (one year later). The SBFCC group increased slightly over time on both control ideology and personal control, while the

TABLE 7

SBI
Mean Scores for Control Ideology
and Personal Control

Factor	SBFCC						CONTRAST					
	T1 N=119		T2 N=99		T3 N=59		T1 N=37		T2 N=31		T3 N=10	
	$\bar{X}$	S.D.	$\bar{X}$	S.D.	$\bar{X}$	S.D.	$\bar{X}$	S.D.	$\bar{X}$	S.D.	$\bar{X}$	S.D.
control ideology	.689	.205	.671	.205	.711	.233	.732	.176	.690	.157	.599	.222
personal control	.495	.247	.547	.240	.538	.275	.565	.294	.495	.222	.583	.238

Time One = First time administered, shortly after program entry

Time Two = Second time administered, one year later, or at end of full school year

Time Three = Third time administered, only to persons who entered program during first year of its existence, whether currently in program or dropouts.

contrast group declined slightly or stayed nearly the same on both measures. There were no significant differences within either group over time, or between groups at a given time. In addition, on the control ideology dimension, the SBFCC group began below the Contrast group and ended up above it. There are several conclusions that could be drawn from this data. No changes in these variables are taking place; changes are taking place but the elapsed time has not yet been sufficient to see them; more sophisticated statistical techniques are required to cope with the analysis of the overtime data; differential refusal rates in the contrast and SBFCC groups may also be reflected; or, there is sufficient measurement error in the variables to mask whatever is actually taking place. These possibilities will be explored in future analysis of these results.

8. Problems Experienced by SBFCC Families

Part of the CBQ (administered twice ordinarily about one year apart to each participant) was an extended list of questions about the kinds of serious problems our respondents had experienced during the preceding year, and how they handled these problems. Four types of problems were asked about: physical, housing, mental health, and family.

At the two time periods for which we have data, the distribution of single problems was as follows: (Time 1 was data collected at the respondent's time of entry into program. T2 was data collected one year later)

Type of problem reported	Percent reporting problem at T1	Percent reporting problem at T2
Physical	50%	31%
Family	38	30
Housing	36	20
Mental Health	24	17

In many cases, the problems a family reported were multiple. Thus, the distribution of problems per family looked this way:

Number of problems reported	Percent of Specified Number of problems at T1	Percent of Specified Number of problems at T2
0	21%	43%
1	36	26
2	21	21
3	17	7
4	5	2

The mean number of problems for all interviewed declined from one and one-half at T1 to about one at T2. In addition, the mean number of problems for those reporting at least one problem declined from nearly two to about one and three-quarters.

Following is a brief discussion of each problem and how it was handled. While each problem is treated separately, it should be remembered that about one-half of the families reporting a problem reported more than one.

Physical Problems

The proportion who had a physical problem in the last year declined from one-half to less than one-third. In both years the problems were evenly divided between the children and their parents, but since there were more children in the family than adults, this means that the parents had physical problems more often than their children. In both years, between 80% and 90% of the physical problems were dealt with by the parents by seeking outside help. However, by the second year, those seeking professional help from agencies or private professionals had increased from 47% to 62%. In addition, language problems in the agency declined. While two-thirds of the agency contacts during the first year included translation problems, only one-fifth did so the second year. This was despite the fact that during the second year more of the agency people with whom our respondents had contact were Anglo. In both years, ignoring the language problem, agency staff were described as easy to talk to. Agencies were reported to be more useful to the family the second year, and there was a large increase during the second year in reported cures and improvements: at time 1 about two-thirds reported cures or improvements, while at time 2 nearly nine out of ten so reported. Interestingly, helpfulness ratings of agency contact declined the second year from 92% to 86%.

These findings would suggest the following effects of the SBFCC:

1. mothers were more willing to seek professional help rather than merely to talk to relatives and friends, possibly because they now knew where to go

2. program participants acquired greater facility with English

3. program participants became more able to communicate to agency staff what their problems were

4. the mothers became somewhat more critical of the quality of the service they received.

In general, the handling of physical problems by program participants seems more aggressive, effective and critical.

Housing Problems

The proportion reporting housing problems declined between time 1 and time 2 from one-third to one-fifth of the respondents. The major problem during both years, and one which was reported one-half of the time, was that of the inadequate size and high cost of housing. Lesser problems included the physical condition of the housing, and relations with the landlord or manager. While the nature of the problems were unchanged, the response of our sample changed considerably. During time 1 one-quarter of those with problems handled it within the family (adjusted to it?), while during time 2 this solution was used by nobody. In addition, the percent who sought out new housing on their own increased from 26% at time 1 to 63% at time 2. Minor gains were also registered in the percent who attempted to negotiate with their landlord or with the public housing authority. The percent who sought agency help increased from one-half to three-fourths. Of those who sought agency help, the proportion who negotiated with the public housing authority rose from one-half to all.

During both years, four-fifths of the personnel seen were Anglo, though little language difficulty was reported. Again, we discovered the seemingly paradoxical finding that from time 1 to time 2 the status of the problem was closer to being solved, but the helpfulness rating of agency contact declined from 49% to 38%.

These findings would suggest the following changes between time 1 and time 2, which we see as effects of the SBFCC program:

1. the number of housing problems declined
2. outside agency help was more often sought
3. personal efforts to get better housing increased
4. more help from those agencies contact was received
5. dissatisfaction with agency help increased

In general, program participants seemed to become more assertive, more demanding, and less easily satisfied about solutions to their housing problems.

3. Mental Health Problems

The percent reporting mental health problems in the last year declined slightly from one-quarter to less than one-fifth. In both years, however, the overwhelming proportion (approximately 90%) of problems reported were suffered by our respondents rather than by their spouse or children. From the first to the second year, the proportion who sought medical or other professional help declined somewhat, while the proportion who attempted to deal with it themselves increased. This is a somewhat paradoxical finding, bolstered by the fact that while during the first year only one-quarter sought help from relatives, during the second year slightly over one-half sought help from this source. Consistent with this, the proportion seeking agency help with mental problems declined from over 40% to about 10%. It is not clear from our data whether this reflects increasing ability to handle problems on one's own (a positive finding), decreasing willingness to use community resources for the resolution of mental problems (a negative finding), or increased self reliance that changed the respondent's definition of what constituted a "problem". It is possible that greater use was made of the SBFCC resources, which included nearly weekly discussions by the program participants with professionally trained (Ph.D.) psychologists. The greater independence and assertiveness we found in other areas troubling our families (physical and housing problems, for instance) lends weight to this latter hypothesis.

In any event, agency contacts continued to consist largely of seeking out the County Mental Health agency (this proportion rose from two-thirds of those who sought agency contact to four-fifths). Language problems declined moderately to none at all, but comfort in talking to agency personnel increased significantly. The current status of the problem one year after agency contact was no different for the two time periods - each reported some improvement on the average. Finally, the helpfulness ratings of the agency contact was the same for the two time periods.

These findings present a somewhat confused picture, and it is not clear that the SBFCC program significantly altered the willingness of program participants to use community resources, or to make better use of such resources if they did choose to make use of them. The presence of mental health

personnel in the program, and some ambiguities in the questionnaire format make it difficult to resolve the apparent paradox. We know from program records that a very high proportion of participants in the program used the consultation services of Dr. Boulette at our site. However, none of these people reported this consultation as "using an agency" or getting help from an institution. This fact indicates that our data in this area has clearly been obscured by a program service. It may also be mentioned that no mother mentioned the preventive medical care provided on site as "getting professional or institutional help."

4. Family Problems

From T1 to T2 the percentage reporting family problems declined slightly from 38% to 30%. During both time periods, the two largest kinds of problems were money and finances, and husband-wife interaction. Other lesser problems included the children. Also, during both time periods, the family, rather than professional people, were first sought out for help in resolving the problem. About one-half the time the family was sought out, and about one-fourth of the time professionals were talked to. The proportion who went to an agency declined somewhat during the second time period: at T1 45% went to an agency, but during T2 only 36% sought such help. During both time periods, the public agencies were the prime target of our group, accounting for between two-thirds and three-fourths of the contacts. Both language problems and communication in general were seen as smaller problems during the second time period. When agency contact was sought, the help our respondents wanted continued to be financial (about one-third of the time) and psychological or emotional (from one-third of the time at T1 and one-half of the time at T2). Other help sought was legal,and occupational. Our respondents reported a decline in the amount the agency actually did: at T1 87% reported that the agency did all or some of what was requested, but at T2 this percentage had declined to 67%. Consistent with this, at T1 nearly one-half reported the problem better or solved, while at T2, only about 40% so reported. Finally, the helpfulness ratings of the agencies contacted declined from 80% at T1 to about 75% at T2.

The solution to family problems seems to be in the same pattern as the solutions we discussed for mental/emotional problems. The incidence of reported problems declined modestly, and professional help was less often sought during T2. Communication problems declined by the second time period, and our respondents appeared to be more critical and demanding of the service they received. Again, these results are somewhat obscured by the presence, in the program, of psychological help.

These considerations indicate a broad pattern of more critical use of community resources by our sample, coupled with a more aggressive and demanding posture by those who chose to use community agencies. This is entirely consistent with the aims of the program, and represents success for the goals set out initially. One measure of the success of the program is that the counselling and psychological services it provided were not seen as being provided by an outside agency - rather they were being provided by friends! They were not seen as services, and instead were "merely" a part of the normal interaction that took place at the SBFCC. Consequently we could expect program participants to make less use of outside agencies, and to be more critical of such use - that is, to expect it to come up to the standards set by the SBFCC. The data are consistent with this typification. Equally consistent is that in areas where the SBFCC provided less direct help, such as physical

and housing problems, use of "outside" agencies increased.

In sum, it would appear that participation in the program materially aided the participants in such areas as agressiveness, critical use of community resources, and more independent behavior aimed at solving their problems.

It should also be remarked that program participants had considerable contact with a large variety of professionals and agency staff as part of the SBFCC program. Increased use of professional services, and greater willingness to seek administrative remedies for their problems are due in part to this increased contact. The program participants knew where to go and who to see as a result of the SBFCC program.

The four tables following summarize our findings regarding the ways participants solved their physical, housing, mental, and family problems.

TABLE 8

Physical Problems

Item	T_1 Number	T_1 Percent	T_2 Number	T_2 Percent
1. Had physical health problem	111	100.0	95	100.0
yes	55	49.5	29	30.5
no	56	50.5	66	69.5
Tables below refer only to those who answered 'yes' to 1. above				
2. Who had the problem	55	100.0	29	100.0
children	29	52.7	16	55.2
parents or others	26	47.3	13	44.8
3. Nature of problem	55	100.0	29	100.0
congenital	16	29.1	6	20.7
infection	6	10.9	8	27.6
allergy	21	38.2	4	13.8
all other	12	21.8	11	37.9
4. What do (multiple response)	91	100.0	68	100.0
treat self	10	11.0	11	16.2
sought help	81	89.0	57	83.8
5. Who talked problems over with (mult. resp.)	134	100.0	105	100.0
family	27	20.1	13	12.4
friends	4	3.0	3	2.9
medical	35	26.1	17	16.2
related professional	7	5.2	3	2.9
other	1	0.7	-	--
talked to no one	60	44.8	69	65.7
6. Agency contact (multiple response)	90	100.0	37	100.0
none	48	53.3	14	37.8
public	15	16.7	5	13.5
private philanthropic	7	7.8	8	21.6
private fee charging	20	22.2	10	27.0
7. Had agency contact	55	100.0	29	100.0
yes	27	49.1	14	48.3
no	28	50.9	15	51.7
Tables below refer only to those with agency contact.				
8. See who in agency (multiple response)	43	100.0	15	100.0
head	16	37.2	-	-
worker	27	62.8	15	100.0

Table 8 (cont'd)

Item	T_1 Number	T_1 Percent	T_2 Number	T_2 Percent
9. Ethnicity of person seen	43	100.0	15	100.0
M/MA	10	23.3	-	--
Anglo	33	76.7	15	100.0
10. Language problem (multiple response)	43	100.0	15	100.0
none	14	32.6	12	80.0
often needed interpreter-unavailable	6	14.0	-	--
often needed interpreter-self or agency provided	4	9.3	1	6.7
sometimes needed interp.-unavailable	15	34.9	1	6.7
sometimes needed interp.-self or agency provided	4	9.3	1	6.7
11. Ease of talking to agency rep. (not language)	43	100.0	15	100.0
easy	36	83.7	13	86.7
varied	5	11.6	1	6.7
difficult	2	4.7	1	6.7
12. What R wanted from agency	54	100.0	20	100.0
financial	9	16.7	4	20.0
medical	26	48.1	12	60.0
other	19	35.2	4	20.0
13. How much did agency do	41	100.0	15	100.0
none	2	4.9	-	--
little	3	7.3	-	--
some	6	14.6	6	40.0
all	30	73.2	9	60.0
14. Status of problem	41	100.0	15	100.0
cured	22	53.7	10	66.7
getting better	7	17.1	3	20.0
same	11	26.8	2	13.3
worse	1	2.4	-	--
15. Helpfulness rating of agency	40	100.0	11	100.0
1	1	2.5	-	--
2	1	2.5	-	--
3	-	--	-	--
4	-	--	1	9.1
5	-	--	1	9.1
6	1	2.5	1	9.1
7	1	2.5	-	--
8	2	5.0	-	--
9	4	10.0	-	--
10	30	75.0	8	72.7
1-5	2		2	
6-10	38		9	
$\bar{X}$	9.2		8.6	

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TABLE 9

Housing Problems

Item	T_1 Number	T_1 Percent	T_2 Number	T_2 Percent
1. Had housing problem	111	100.0	95	100.0
yes	40	36.0	19	20.0
no	71	64.0	76	80.0
Tables below refer only to those with housing problems				
2. Nature of problem (multiple response)	54	100.0	25	100.0
physical condition	9	16.7	4	16.0
neighbor, neighborhood	4	7.4	2	8.0
size and cost of housing	31	57.4	13	52.0
relations with manager/landlord	5	9.3	4	16.0
other	5	9.3	2	8.0
3. What do	58	100.0	19	100.0
handled within family	15	25.9	-	--
handled with landlord/manager	5	8.6	2	10.5
dealt with housing authority	10	17.2	5	26.3
sought out housing on own	15	25.9	12	63.2
other	13	22.4	-	--
4. Contacted agency	40	100.0	19	100.0
no	22	55.0	14	73.7
yes	18	45.0	5	26.3
Figures below refer only to those who contacted an agency				
5 Agency R in contact with	22	100.0	5	100.0
housing authority	12	54.5	5	100.0
public and private philanthropic	6	27.3	-	--
other	4	18.2	-	--
6. Who R worked with	22	100.0	5	100.0
head	7	31.8	2	40.0
worker	15	68.2	3	60.0
7. Ethnicity of person R worked with	22	100.0	5	100.0
MA	4	18.2	1	20.0
Anglo	18	81.8	4	80.0

7a. Very little language problem reported about 5 had some difficulty

Table 9 (cont'd)

Item	T_1 Number	T_1 Percent	T_2 Number	T_2 Percent
8. What R hoped agency would provide	22	100.0	5	100.0
locate housing	14	63.6	3	60.0
improve conditions	7	31.8	2	40.0
other	1	4.5	-	--
9. Status of problem	18	100.0	5	100.0
worse	1	5.6	-	--
same	10	55.6	3	60.0
better	3	16.7	-	--
solved	4	22.2	2	40.0
10. Helpfulness rating	18	100.0	5	100.0
1	5	27.8	2	40.0
2	3	16.7		
3	-	--	1	20.0
4	1	5.6		--
5	-	--		--
6	1	5.6	1	20.0
7	3	16.7		--
8	1	5.6	1	20.0
9	1	5.6		--
10	3	16.7		--
$\bar{X}$	4.9		3.8	

TABLE 10

Mental Problems

Item	T_1 Number	T_1 Percent	T_2 Number	T_2 Percent
1. Had mental problem	111	100.0	95	100.0
yes	27	24.3	17	17.9
no	84	75.7	78	82.1
Tables below refer only to those with mental problems				
2. Nature of problem - who had problem	28	100.0	17	100.0
R	25	89.3	16	94.1
spouse	3	10.7	-	--
child	-	--	1	5.9
other	-	--	-	--
3. What did R do	34	100.0	19	100.0
tried to handle it herself	9	26.5	8	42.1
sought medical help	15	44.1	8	42.1
sought psychological advice	8	23.5	3	15.8
sought other help	2	5.9	-	--
4. Who talked it over with	35	100.0	13	100.0
relatives	8	22.9	7	53.8
non-relative, secondary group	8	22.9	3	23.1
non-medical professionals	8	22.9	-	--
medical personnel	7	20.0	-	--
other	4	11.4	3	23.1
talked it over with no one				
5. Agency contact	27	100.0	17	100.0
yes	12	44.4	2	11.8
no	15	55.6	15	88.2
Tables below refer only to those who had agency contact				
6. Agency with which R was in contact	9	100.0	5	100.0
Mental Health	6	66.7	4	80.0
Milpas Outreach	-	--	-	--
General Hospital	2	22.2	1	20.0
Goleta Valley Hospital	1	11.1	-	--
other (5)				
7. Who did R work with at agency	9	100.0	5	100.0
head	2	22.2	-	---
worker	7	77.8	5	100.0
8. Ethnicity of staff R worked with	9	100.0	5	100.0
MA	4	44.4	4	80.0
Anglo	5	55.5	1	20.0

Table 10 (cont'd)

Item	T_1 Number	T_1 Percent	T_2 Number	T_2 Percent
9. Nature of language problem	2	100.0	-	100.0
none	-	--	-	--
often needed interpreter-none	-	--	-	--
" " " -provided by R or agency	1	50.0	-	--
sometimes needed interpreter-none	-	--	-	--
" " " - provided by R or agency	-	--	-	--
other	1	50.0	-	--
10. Difficulty in talking to agency people	9	100.0	5	100.0
easy	6	66.7	2	40.0
varied	1	11.1	-	--
hard	2	22.2	3	60.0
11. What R wanted from agency	13	100.0	7	100.0
diagnosis	3	23.1	1	14.3
medical treatment	2	15.4	-	--
psychological treatment	6	46.2	5	71.4
non-medical/psychological wants	2	15.4	-	--
other	-	--	1	14.3
12. How much did agency do	9	100.0	5	100.0
all	4	44.4	1	20.0
some	2	22.2	2	40.0
little	1	11.1	1	20.0
none	2	22.2	1	20.0
13. Current status of problem	9	100.0	5	100.0
worse	1	11.1	-	--
same	2	22.2	2	40.0
better	2	22.2	1	20.0
solved	4	44.4	2	40.0
other	-	--	-	--
14. Helpfulness Rating	9	100.0	5	100.0
1	1	11.1	1	20.0
2	3	33.3	-	--
3	-	--	-	--
4	-	--	-	--
5	-	--	2	40.0
6	-	--	-	--
7	-	--	-	--
8	-	--	-	--
9	-	--	-	--
10	5	55.5	2	40.0
Mean	6.3		6.2	

TABLE 11

Family Problems

Item	T_1 Number	T_1 Percent	T_2 Number	T_2 Percent
1. Had family problem	111	100.0	95	100.0
yes	42	37.8	28	29.5
no	69	62.2	67	70.5
Tables below refer only to those with family problems				
2. Nature of problem	54	--	31	100.0
money, finances	14	33.3	13	41.9
husband-wife interaction	20	47.6	9	29.0
children	7	16.7	4	12.9
termination of marriage	5	11.9	2	6.5
misc.	8	19.0	3	9.7
3. Who talked over problem with	42	100.0	32	100.0
family	19	45.2	19	59.4
professional people	13	31.0	8	25.0
friends	5	11.9	5	15.6
business people	3	7.1	-	--
other	-	--	-	--
no one	2	4.8	-	--
4. Contacted agency	42	100.0	28	100.0
yes	19	45.2	10	35.7
no	23	54.8	18	64.3
Tables below refer only to those who contacted an agency				
5. Type of agency	23	100.0	12	100.0
public	15	65.2	9	75.0
private	3	13.0	3	25.0
private professional	4	17.4	-	--
other	1	4.3	-	--
6. Who work with	23	100.0	12	100.0
head	6	26.1	3	25.0
worker	17	73.9	9	75.0
7. Ethnicity of person worked with	23	100.0	12	100.0
MA	9	39.1	3	25.0
Anglo	14	60.9	9	75.0
8. Nature of language problem	22	100.0	12	100.0
none	18	78.3	12	100.0
often needed interpreter - none	-	--	-	--
" " " - got one	2	8.7	-	--
sometimes needed interpreter - none	1	4.3	-	--
" " " - got one	-	--	-	--
other	2	8.7	-	--

Table 11 (cont'd)

Item	T_1 Number	T_1 Percent	T_2 Number	T_2 Percent
9. Difficulty in talking with agency people	23	100.0	12	100.0
easy	18	78.3	10	83.3
hard	3	13.0	1	8.3
varied	2	8.7	1	8.3
10. What R hoped agency would provide	23	100.0	12	100.0
financial	9	39.1	4	33.3
psychological/emotional	8	34.8	6	50.0
legal	2	8.7	1	8.3
occupational	3	13.0	-	--
other	1	4.3	1	8.3
11. How much did agency do	23	100.0	12	100.0
all	11	47.8	4	33.3
some	9	39.1	4	33.3
a little	2	8.7	3	25.0
none	1	4.3	1	8.3
12. Status of problem is: agency	23	100.0	12	100.0
worse	-	--	-	--
same	12	52.2	7	58.3
better	7	30.4	5	41.7
solved	4	17.4	-	--
other				
13. Helpfulness rating	23	100.0	12	100.0
1	-	--	1	8.3
2	1	4.3	-	--
3	-	--	-	--
4	2	8.7	-	--
5	3	13.0	1	8.3
6	-	--	1	8.3
7	1	4.3	1	8.3
8	3	13.0	-	--
9	1	4.3	-	--
10	12	52.2	8	66.7
mean	8.0		7.6	

We turn now to a look at the changes we observed in the awareness of program participants of some 127 community agencies. Each respondent was asked to indicate for each agency whether they had: never heard of it, heard of it but never used it, used it more than a year ago, or used it within a year. These agencies, and their ratings, were then grouped (with some overlap) into 17 headings - such as Catholic agencies, or health services. The data presented here are for two time periods: T1 is shortly after the participant entered program, and T2 is a year later.

Respondents' relationships to these 17 types of organizations may be grouped into three distinct use patterns:

-- those reflecting an increase in participants who heard about them coupled with an increase in use within the last year.

-- those in which there was increase in participants who had heard of the organization but no change in use in the past year.

-- those in which no changes were evident - either in proportion who heard of the organization or in proportion who had used them in the past year.

	Never Heard		Heard, never used		Used within a year	
	T1	T2	T1	T2	T1	T2
Group 1	58.9%	43.3%	34.5%	48.6%	3.9%	6.3%
Group 2	50.8	36.6	36.1	51.1	7.4	6.6
Group 3	50.4	45.6	31.2	34.2	12.6	15.6

Group 1 is composed of associations and foundations, personal need organizations, legal organizations, school age educational facilities, recreational facilities, and consumer aid organizations.

Group 2 is composed of employment agencies, Mexican American or Chicano organizations, law enforcement agencies, social services, housing agencies, pre-school groups, adult organizations, and health services.

Group 3 consists of mental health agencies, Catholic organizations, and Cultural organizations.

The large table following shows that generally most people had not heard of most organizations when they first came to the SBFCC, but that after a year, knowledge of the existence of various organizations had materially increased. The percent who had never heard of an organization declined in 16 of the 17 groups of organizations, by an average of 17 percentage points. Similarly, the percentage who had heard of each of these organizations but not used them increased by an average of 13 percentage points. Finally, the average percentage who had used these organizations within the last year increased from 7.3% to 8.2.

We suspect that the increases are under-reported. From observational sources and interview data, as well as records kept on social services used by participants, we are inclined to believe that use within the past year in fact increased more than is reported. This increase may be obscured by the nature of the CRQ. Interviewees rapidly found out that when they mentioned an agency they had used, they then had to answer a number of questions about the agency. Instead, they gave abbreviated answers or denied using the agency, as the interview wore on.

TABLE 12

Use of Institutions and Organizations

Resource group type	Number of agencies in group	Relation to Organization (%)									
		Never Heard of it		Heard of it never used it		Used it over a year ago		Used it within last year		ever used it	
		T_1	T_2	T_1	T_2	T_1	T_2	T_1	T_2	T_1	T_2
Assoc. & foundations	8	53.0	35.4	45.2	62.1	1.4	1.3	.4	1.2	1.8	2.5
personal need	4	63.3	49.2	33.3	46.6	1.7	.8	1.7	3.4	3.3	4.2
employment	2	62.6	49.5	31.5	44.2	3.6	4.7	2.3	1.6	5.9	6.3
mental health	6	61.1	62.8	33.0	31.4	2.3	1.8	3.6	4.0	5.9	5.8
legal	6	77.2	61.2	17.3	32.8	2.6	1.6	3.0	4.4	4.1	6.0
school age education	23	61.5	46.1	31.7	45.5	2.3	1.3	4.5	7.0	6.7	8.4
MA, Chicano	11	55.3	35.7	37.9	56.6	1.8	2.6	5.0	5.2	6.8	7.8
Catholic	8	57.3	49.6	34.0	44.5	5.6	2.4	3.0	3.6	8.7	5.9
recreational	13	51.0	35.5	38.9	53.1	3.6	3.2	6.5	8.3	10.1	11.4
consumer aid	4	47.5	32.4	40.3	51.3	5.2	2.6	7.0	13.7	12.2	16.3
law enforcement	2	15.8	4.2	69.8	84.2	6.3	5.8	8.1	5.8	14.4	11.6
social service	16	58.2	47.0	29.7	41.6	4.3	5.3	7.8	6.0	12.1	11.3
housing	2	51.8	34.7	34.2	52.1	6.3	7.9	7.7	5.3	14.0	13.2
pre-school	9	62.6	51.2	24.2	39.4	7.2	3.4	6.0	6.0	13.2	9.4
adult	7	56.1	42.0	25.7	41.5	9.7	7.4	8.5	9.2	18.1	16.5
health	25	44.0	29.6	35.4	49.3	6.6	7.3	14.1	13.9	20.6	21.2
cultural	4	32.2	24.5	26.6	26.8	10.1	9.5	31.1	39.2	41.2	48.7

9. Community Resource Skills

This section reports findings related to increasing the knowledge of community resources that a participant has, and increasing the skills of the participant in making use of the resources she knows about.

There are constraints that may limit the accessibility of institutions for a potential user. We looked into two kinds of problems that may inhibit use of resources: child care and mobility.

A. Availability of Child Care

We asked if mothers had anyone to care for their children for a few hours, if necessary. In addition, we asked who provided child care, if it was available. Table 13 summarizes the responses we received to these questions (the questions were asked at the beginning of a mother's participation in the program and also after one program year - thus we have T1 and T2).

There is a small gain in the number of people a mother can call upon to provide child care, and a decline in the number of mothers who have no one to call upon. In addition, there appears to be a greater willingness, at T2 to call upon acquaintances and paid baby sitters, rather than restricting child care resources to relatives and close friends. Related to this might be the fact that 68% of the people interviewed at T2 indicated that they had friends that they made or met at SBFCC. From informal observation at the center, we know that a number of close friendships have developed between mothers, and that there is some exchange of child care.

B. Mobility

Selected characteristics of the SBFCC group at times 1 and 2 are given in Table 14.

It appears that more mothers can drive, (33 took driving lessons at the Centro and got their licenses as a result of their participation in the program) and considerable increase is seen in taxi use, mainly to get medical help. Again we see the frequent needs of our families in the medical area - treatment that is facilitated by transportation and translation seems to be the major need for our families in relation to health care.

10. Research Findings Related to Mothers' Child-Rearing Repertoire

It was felt early in the project that while there were instruments available that might tap attitudes that parents had regarding the way they interacted with their children, it was most critical to look at the ways parents *did* interact with their children at various times, and in a variety of settings. Also, we wished to know whether this behavior changed in any ways during the course of participating in the program, especially whether there was change in the direction of expanded behavioral repertoire that was a program goal for the mothers.

In order to obtain observations that were reliable in noting specific child behaviors and mother responses to these behaviors, an observation form was developed. This form enabled us to record regular and consistent observations of each mother and her child or children.

TABLE 13

Availability and Type of Child Care

Item	Preliminary Interview 1973 & 1974		Spring Interview 1973-1974	
	Number	Percent	Number	Percent
1. How many people can mother call on for child care of several hours duration	108	100.0	162	100.0
no one	36	33.3	47	29.0
one person	42	38.9	58	35.8
two people	19	17.6	36	22.2
three people	11	10.2	14	8.6
four people	-	-	7	4.3
Mean	1.05		1.23	
2. If child care is available, who gives it. (Percentages don't add to 100 since a mother may have more than one source).				
relative	50	46.2	84	51.9
friend	32	29.6	51	31.5
acquaintance	16	14.8	27	16.7
paid baby sitter	16	14.8	37	22.8

TABLE 14
Mobility Patterns

Characteristic	Preliminary Interview 1972 & 1973 combined (N=108)	Spring Interview 1973 & 1974 combined (N=162)
1. Can mother drive		
yes	46%	56%
no	54%	44%
2. Use of public transportation		
use neither bus nor taxi	36%	36%
use bus only	38%	29%
use taxi only	3%	5%
use both bus and taxi	23%	30%
3. Ordinary Freq. of Bus Usage		
Don't use	39%	40%
Use occasionally	35%	42%
Use frequently	25%	17%
4. Ordinary Freq. of Taxi Usage		
don't use	73%	64%
occasionally	22%	33%
frequently	5%	2%
5. Type of trip bus is used for		
doctor or hospital	37%	28%
shopping	29%	28%
visiting	5%	6%
pay bills	7%	16%
work	5%	8%
other	17%	14%
6. Type of trip taxi is used for		
doctor	48%	86%
emergency	14%	--

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We chose to look at children's behaviors that have been previously identified repeatedly as those correlated with public school academic success: independence, exploratory behavior, verbal behavior, and being able to operate within group norms or expectations. In our initial proposal we hypothesized that there were two kinds of problems related to Chicano children's school success: (1) the absence of the "hidden curriculum" ascribed to middle class families that emphasizes these skills and (2) the alienation of many Mexican American families from the school system and their lacking an awareness of what school expectations were for their children. It was our feeling that enlarging the parent's behavioral responses to their child's behavior so that behaviors related to school success were encouraged and reinforced, would provide the children with these skills. In addition it would provide parents with a greater awareness of their own needs and ability to provide this help for their child. Moreover, it would help insure better school-home relations via an understanding of what school expectations were.

The parent-child interaction scale was developed by listing behaviors desired, and their opposites. Mother responses, those seen as helpful in fostering desired behaviors and those unhelpful to the development of these behaviors, were also recorded. Each measure represents the proportion of times the child's behavior was responded to by the mother in a manner consistent with program goals.

Each mother was observed four times at two time periods in year one and at three time periods during the second year. In each case, the observations were done twice at play times and twice at meal times. Each observation was done for a ten minute time interval.

All behaviors were defined, observers were trained in two initial training-observation sessions, and then four observers all recorded the same mother-child interaction. The results were then compared, and the observations were repeated with another mother until we had almost 100% agreement in the categorization of child and mother behaviors. This multiple-observation method of verifying inter-observer reliability was repeated every three weeks during each observation period, in order to insure rater consistency.

The child's behaviors were coded by defining behaviors in the following ways:

Independent Behavior
Going off to activity, physical distance from mother, involvement with other adults, involvement with other children, involvement with activity, moving away from mother, seeking help from other adult or child, insistence on pursuing own choice of activity.

Dependent Behavior
Clinging to mother, having mother as major referrent as shown by eye, body or verbal contact, constant seeking for approval, little or no contact with other adults or children, protesting when mother leaves or he/she must leave mother.

Exploratory Behavior
Examines materials available (takes apart, turns, fingers, mouths). Examines or observes environment, rather than purposeful involvement in activity, or examines, observes other children's activity, rather than purposeful involvement with group, activity or children.

Non-Exploratory Behavior
Impulsive or incomplete use of material, little awareness or attention to materials being used. Random use of materials, passive, non-responding behavior to ongoing activity or other children (no eye contact with activity or children).

Obedience to Mother
Positive response to mother's directions or demands

Disobedience to Mother
Negative response to mother's command.

Conforming to group (FCC standards)
Following group expectations and demands as to behavior routines, use of materials, both nonverbal understanding from past directions, or adult (other than mother) or other child verbal directions.

Non-Conforming to Group
Not following center expectations as to behavior, routines, use of materials. (Includes anti-social behavior in verbal-physical acts.)

The mothers' responses were coded by defining responses in this manner:

non-verbal responses - positive
- smile
- nod
- pat
- hug
- Hold lovingly
- pushing toward in a supportive way
- paying attention

non-verbal responses - negative
- frown
- shake head negatively
- hit
- push away
- hold self back
- negative gesture with hand
- pull away

teaching response
- actively encouraging learning
- taking role as director of learning
- consciously injection educational content into activity of child

verbal response - positive, mediating
- voice approval and explanation
- use of encouraging words, giving further ideas, giving reasons
- encouraging voice tone, extending conversation

verbal response - negative, mediating
- voice disapproval, but with an explanation
- discouraging or negative or scolding tone of voice, but explanation or reason given

verbal response - positive command language
- positive word or command and no extension of response
- encouraging tone
- positive direction but no explanation

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verbal response - negative command
negative word, command or direction, no explanation or reason given
negative voice tone and no explanation or reason given

ignore
not watching child, or if watching, no visible or audible affect

A problem in the analysis of these observations later provide to be that mothers were not always observed during their interaction with the same child; observations early in the year might be all with an older child and later ones with a younger child, etc. Also, we realize that just what the play situation of the day was, and whether or not the mother happened to sit with other mothers she had developed friendships with, could make a great deal of difference in how much she noticed and interacted with her own child. None of these factors are controlled for. This demonstrates some of the problems encountered in data collection in a naturalistic setting. For the purposes of this report, however, all behaviors are treated together. The recording form is shown on the following page.

Changes in Child-Rearing Repertoire

Developing an expanded repertoire of responses to child behavior was an important project goal. Consequently the research efforts expended in developing methods of assessing changes in this behavior were extensive. Although there are many ways of breaking down the general area of response repertoires into specificttypes of actions, one was selected which seemed theoretically relevant, measurable, and capable of being used in a multivariate statistical analysis.

The general strategy was to combine coded responses to child behavior into a series of indices reflecting the proportion of times the desired behavior was present as a response. For example, the program sought to help mothers to develop responses to independent child behavior patterns which involved positive verbal responses using mediating language, or teaching responses, or even positive non-verbal responses, as opposed to negative responses or ignoring the behavior. A measure of program-oriented responses to child independence is:

$$R_I = \frac{A + B + C + D}{E}$$

where A is the number of positive verbal responses in Spanish using mediating language,

B is the number of positive verbal responses in English using mediating language,

C is the number of positive non-verbal responses,

D is the number of teaching responses, and

E is the number of child actions to which A, B, C, and D are responses.

Mother | Children | Date | Time | Activity

Mother's Behavior / Child's Behavior	Positive Verbal Response				Negative Verbal Response				Positive	Negative	Ignore	Teaching	No. of children
	Mediating Language		Command Language		Mediating Language		Command Language		Non-Verbal Response	Non-Verbal Response	Behavior Response	of child response	No. of mothers
	Sp.	Eng.	Sp.	Eng.	Sp.	Eng.	Sp.	Eng.					Staff Present
Independence 13	37	38							39			40	
Dependence 14													Comments:
Exploratory 15	41	42							43			44	
Non-Exploratory 16													
Obedience to Mother 17													
Disobedience to Mother 18													
Conforming to Group 10													
Non-Conforming to Group 23													
Spanish Verbal Communication 20	45	46							47			48	
English Verbal Communication 21	49	50							51			52	
Non-Verbal Communication 22													
	24	25	26	27	28	29	30	31	32	33	34	35	

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FIGURE PCC1

Thus, if a mother was observed twice in a play situation and twice in a meal time situation during a given program time period, say, Fall 1973, and her child displayed 27 actions that were coded as "independent", she, in turn, had 27 responses. If 5 of these were positive verbal mediating responses in Spanish, none were in English at all, 9 were positive responses but not verbal, and 2 were actions coded as "teaching" responses, she would receive a score for program-oriented responses to child independence of:

$$\frac{5 + 0 + 9 + 2}{27} = \frac{16}{27} = .59$$

for that program time period. If she was active in the program over both years of the project, she would have five such scores and her profile over that time period reflects changes in the extent of her use of that type of response in interaction with her child. Because the measure is a ratio, it is independent of the number of independent actions displayed by the child. A low score indicates infrequent use of that part of her repertoire as a response to independence when independence is displayed. A high score indicates frequent use.

A more general measure of the use of positive verbal and teaching responses to several different types of child activities can be obtained by summing the numerators and denominators of several specific types of indices before dividing.

A general measure of the use of repertoire expansions used here is defined as follows:

$$Z = \frac{(A+B+C+D) + (E+F+G+H) + (I+J+K+L) + (M+N+O+P)}{O+R+S+T}$$

where: A and B are Spanish and English positive mediating verbal responses, C is a positive non-verbal response and D is a teaching response, all to independent behavior,

E, F, G, and H are comparable responses to exploratory behavior,

I, J, K, and L are comparable responses to Spanish verbal communication from the child, and

M, N, O, and P are comparable responses to English verbal communication from the child.

and in addition:

O is the number of independent acts displayed by the child to which A, B, C, and D are responses,

R is the comparable exploratory acts to which E, F, G, and H are responses,

S is the comparable Spanish verbal communicative acts,

T is the comparable English verbal communicative acts.

Using this model, a number of indices were constructed. What they all have in common is that they represent the presence or absence of a particular type of behavior as the ratio of the number of times it occurred to the number of times it could have occurred, given a particular child behavior. Figure PCC1 provides a guide to the indices that were constructed. Each cell that is identified by a number contains a count that was used as a part of the numerator or denominator of an index. For instance, the above-mentioned measure of program-oriented responses to child independence was computed as:

$$R_I = \frac{\text{Cell 37 + Cell 38 + Cell 39 + Cell 40}}{\text{Cell 13}} \quad \text{or} \quad \frac{37 + 38 + 39 + 40}{13}$$

Note that cell 13 contains a count of the total number of child behaviors characterized as "independent".

In like manner, the following indices were constructed:

$R_E = \frac{41 + 42 + 43 + 44}{15}$ = Response by mother to exploratory child behavior.

$R_{SV} = \frac{45 + 46 + 47 + 48}{20}$ = Response by mother to Spanish verbal communication

$R_{EV} = \frac{49 + 50 + 51 + 52}{21}$ = Response by mother to English verbal communication

$R_{SI} = \frac{37 + 39 + 40}{13}$ = Response to independent behavior of Spanish positive verbal mediating language, or non-verbal positive, or teaching

$R_{SE} = \frac{41 + 43 + 44}{15}$ = Response to exploratory behavior of Spanish positive verbal mediating language, non-verbal positive, or teaching.

$R_B = \frac{37 + 38 + 39 + 40 + 41 + 42 + 43 + 44}{13 + 15}$ = Response to exploratory or independent behavior

$T = \frac{35}{36}$ = Teaching acts as a response pattern for all behavior

$R_A = \frac{37 \text{ to } 52}{13+15+20+21}$ = Summary measure of response to independence, exploration and Spanish or English verbal behavior

The latter is the primary measure used in assessing program factors related to project outcomes.

Several additional measures were constructed. These included:

$R_S = \frac{24 + 26 + 28 + 30}{36}$ = Spanish language response to child's behavior or communication

$R_{VT} = \frac{24+25+26+27+28+29+35}{36}$ = Overall use of verbal or teaching responses to all types of behavior and communication

An alternative method of constructing indices was used to represent choice behavior rather than its presence or absence. Of particular importance is the choice involved in the conscious use of mediation rather than command languages in making positive and negative verbal responses to a child's actions. In a sense, the two can be thought of as opposite poles on a continuum that implies validation of the child's autonomy at one end (mediation) and imputation of status and power differentials on the other (command). One way to operationalize this is to construct a measure that represents the two alternatives as ranging from plus one to minus one. Using this rationale, two indices of mediation vs. command languages were developed, one for positive verbal responses, and the other for negative verbal responses. A third was the sum of these two.

$$R_{CMP} = \frac{(24+25) - (26+27)}{24 + 25 + 26 + 27} =$$ Use of mediation vs. command in positive verbal responses.

$$R_{CMN} = \frac{(28+29) - (30+31)}{28 + 29 + 30 + 31} =$$ Use of mediation vs. command in negative verbal responses.

$$R_{CM} = \frac{(24+25+28+29) - (26+27+30+31)}{24+25+28+29+26+27+30+31} =$$ Use of mediation vs. command in verbal responses.

If only mediation responses were present, the value of each index is 1.0. If only command responses are present, it is -1.0; if both are present in approximately equal proportions, the value is close to zero.

Findings

Our Year 1 data (T1 and T2) showed a rather unambiguous pattern: nearly all of our fourteen indices showed changes in the desired direction. We assumed on the basis of this two-time data that we were dealing with a linear change. That is, we presumed that had we made measurements during the Fall of 1972 (a mythical T0) these measurements would be lower than our T1 data (taken in winter 72-73), and further, we assumed that subsequent measurements (T3, T4, and T5) would show a continuation of this upward trend. It should be noted that this thinking did not hold for index 7 (use of verbal rather than non-verbal behavior by mother to make explicit the definition of the situation) or for index 12 (use of spanish rather than English response to child's efforts). In the case of index 7 we presumed that this change in behavior required more effort or time, and would come along finally. In the case of index 12, it was unclear precisely what desirable change was, since a number of mothers learned English during the program and could be expected to want to use it with their children. In any event, by the end of the 1972-73 program year, we thought we understood that we were seeing a linear, upward change in proportion of desirable behavior.

T3 data was collected in the Fall of 1973 and showed a significant decline from T2, and often a large decline from T1. We might have initially ascribed this decline to the fact that over the summer our respondents didn't have the benefit of the program. However, T4 data showed a continuation of this decline in eight of the fourteen indices, while the other six indices rose modestly at best. It was only by T5 that gains again became the predominant pattern: nine indices rose, while the others continued their downward turn.

These trends made our initial analysis plans less useful. We had originally planned, on the basis of T1 and T2 findings, to look at these changes and future

Mothers Responses to Fourteen Types of
Child Behavior over Five Time Periods
(Proportion of "teaching" responses)

Mother-Child Interaction Index Type of Child Behavior and Mother's Response Pattern	T1 (10/72-3/73)		T2 (4/73-6/73)		T3 (9/73-12/73)		T4 (1/74-3/74)		T5 (4/74-6/74)	
	$\bar{X}$	S.D.	$\bar{X}$	S.D.	$\bar{X}$	S.D.	$\bar{X}$	S.D.	$\bar{X}$	S.D.
PC1-Verbal or Teaching Response to Independent Behavior	.7002	.2541	.7940	.1968	.6875	.2334	.4590	.2093	.7026	.2148
PC2-Verbal or Teaching Response to Exploratory Behavior	.6244	.3393	.8323	.2875	.5383	.2935	.5725	.3101	.5741	.2911
PC3-Verbal or Teaching Response to Spanish Verbal Communication	.8311	.3000	.9292	.2283	.7502	.3207	.7603	.2722	.8244	.1985
PC4-Verbal or Teaching Response to English Verbal Communication	.9121	.2145	.9766	.0793	.8194	.3467	.7397	.2679	.7843	.3034
PC5-Verbal or Teaching Response to Independence and Exploration	.7748	.1686	.8204	.1225	.6778	.1536	.5822	.1138	.7049	.1122
PC6A-Use of Mediation vs Command Language in Positive Verbal Communication	.6562	.3850	.7502	.3592	.3857	.4517	.4517	.4874	.4726	.3330
PC6B-Use of Mediation vs Command Language in Negative Verbal Communication	.2927	.6938	.5136	.6133	.1012	.6977	-.0226	.6800	-.0673	.7468
PC6C-Use of Mediation vs Command Language in Verbal Communication	.5062	.3766	.6248	.3228	.2431	.4465	.2792	.4602	.3401	.3627
PC7-Use of Verbal Behavior in Response to Behavior or Communication	.5855	.1696	.5542	.1636	.4443	.1386	.3230	.1262	.3987	.1072
PC8-Spanish Language Response to Independent Behavior	.5927	.2682	.6866	.2546	.6388	.2392	.4106	.2160	.6831	.2228
PC9-Spanish Response to Exploratory Behavior	.5173	.3560	.7261	.3759	.4877	.2860	.5516	.3140	.5293	.3113
PC10-Verbal Resp. to Ind. or Exp. Behav. (Sp. or Eng.)	.7358	.1899	.8313	.1693	.6602	.2062	.5739	.1713	.6960	.1516
PC11-Teaching Response to All Types of Behavior	.1182	.0906	.2281	.2512	.1249	.0862	.0741	.0805	.0618	.0816
PC12-Sp. Response to all types of Behavior	.2851	.2771	.2743	.3741	.2182	.1780	.1397	.2187	.1233	.1972

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changes in relation to other variables such as attitudes, cultural factors, demographic characteristics, and changes in program. However, in light of the second year data, our first job was to accurately describe the direction of the trend lines. We have taken index 10 to be a summary measure, and our task has been transformed into measuring and explaining deviations from the index 10 trend line by the use of demographic, psychological and cultural qualities of the respondents as well as by changes in program.

The following indices fit the index 10 slope as described above very well:

Index 1 (positive response by mother to child's independent behavior)
Index 4 (positive response by mother to English verbal communications by the child)
Index 5 (positive responses by mother to child's efforts)
Index 6b (use of mediation instead of command in negative verbal responses by mother)
Index 8 (positive, non-mediating response to independent behavior)
Index 10 (a summary measure of indices 1 through 4)

The remaining indices fit except as indicated:

Index 2 (positive response by mother to child's exploratory behavior) rose slightly between T3 and T4.
Index 3 (positive response by mother to Spanish verbal communication of child) rose slightly between T3 and T4.
Index 6a (use of mediation instead of command language in positive verbal communication by mother) rose between T3 and T4.
Index 6c (use of mediation instead of command in verbal responses, both positive and negative, by mother) rose slightly between T3 and T4.
Index 7 (use of verbal rather than non-verbal behavior by mother to make explicit the definition of the situation) declined between T1 and T2.
Index 9 (positive, non-mediating response to exploratory behavior) declined slightly between T4 and T5.
Index 11 (use of teaching response by mother) declined between T4 and T5
Index 12 (use of Spanish rather than English in response to child's efforts) declined between T1 and T2, and again between T4 and T5.

Table PC10 shows means and standard deviations of this very general representation of mother-child interaction pattern over the life of the project. On the average, mothers increased their use of positive verbal mediating and teaching responses during the first year. During the summer when there was no program they returned to their previous level. During the second year, there was a drop to a low point in midwinter, followed by a return to approximately the initial point. This table constitutes a strong argument for experimental designs that contain data collection points at more than two time periods, and which permit discontinuities in the program to occur. We shall have more to say about the sine-wave type of pattern below.

Table PC10

Changes in Mother's positive teaching response patterns over five time periods.[1]

	Mean	Standard Deviation
1972		
First Half	.74	.190
Second Half	.83	.169
1973		
Fall	.66	.206
Winter	.57	.171
Spring	.70	.152

[1]Data for all mothers present in the experimental group at that time

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Chart PC-C measures the proportion of independent, exploratory, and verbal behaviors by the child that the mother responded to in positive (verbal and non-verbal) or teaching ways. Earlier these terms were defined. The cohorts to which reference is made are composed of individuals who share an attendance pattern. That is, the individuals in question were enrolled at the SBFCC during the quarter long enough for at least one observation and as many as four observations to be made on each of them. The mean scores are the means of all scores during each specified time period, including all relevant cohorts.

The Chart shows an initial upturn between T1 and T2 which declines rapidly over the summer between T2 and T3. By T3, means are lower than they were at T1, and generally, this decline continues through T4. However, between T4 and T5 another upturn happens (this upturn too takes place between Winter and Spring), and by T5, the relevant cohorts are slightly below where they were at T1.

A discussion of this finding, including some proposed reasons for the inverted "S" shape of the time data, will be found in the text of this section on mother-child interactions.

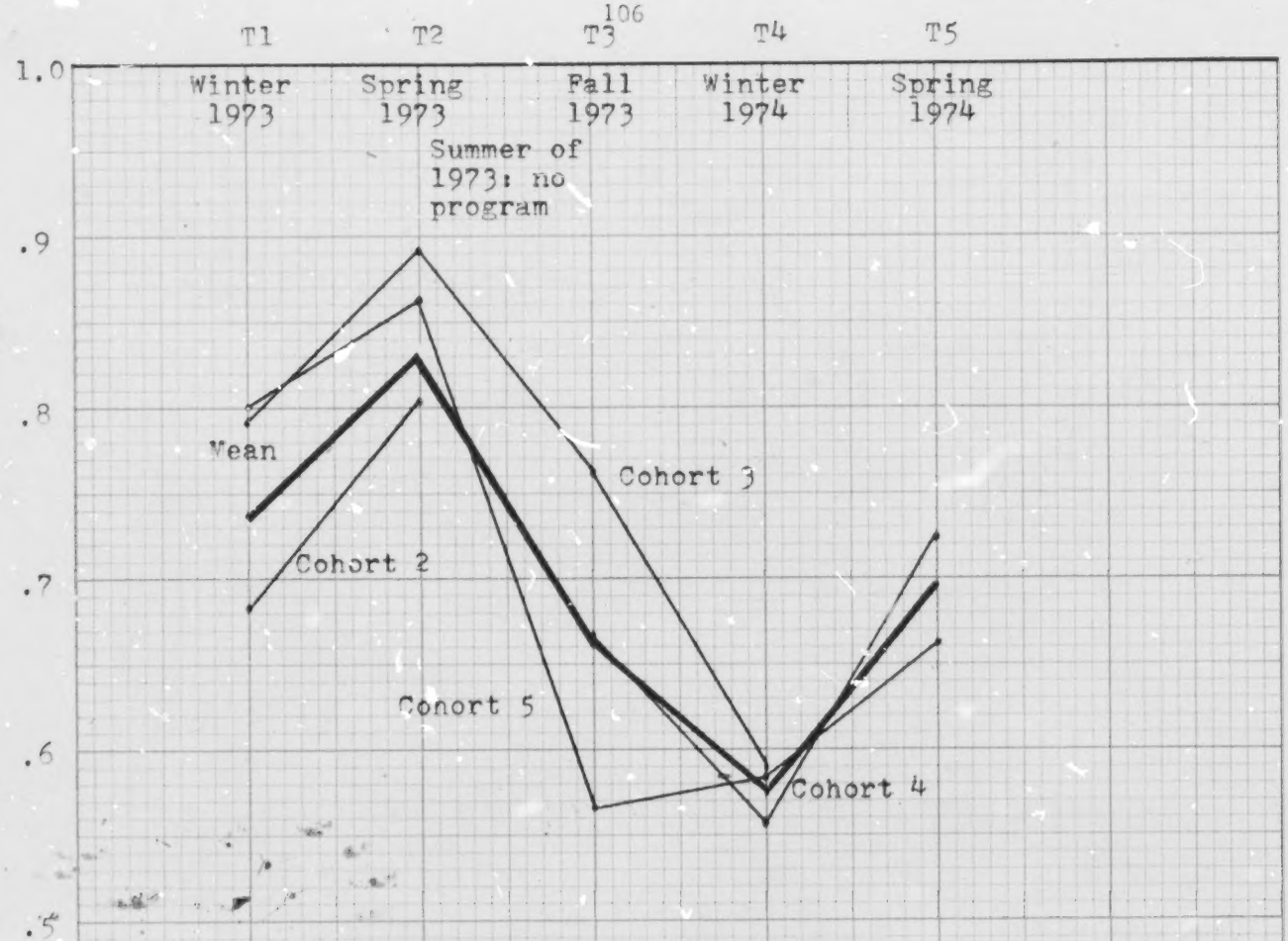
Relative to child rearing attitudes, an abbreviated version of the PARI and Family Attitude Scale (FAS) were each administered, about one year apart. Thus we have T1 and T2 data for each of these attitude measures. As the table below shows, there were no significant differences, on either attitude measure, between T1 and T2, or between the Family Care Center group and the Contrast group.

Comparison of Factor Score Computations for Family Care Center and Contrast Group at T1 and T2, PARI and FAS

Item and Factor	Family Care Center T1 N=107 Mean	S.D.	Family Care Center T2 N=93 Mean	S.D.	Contrast Group T1 N=36 Mean	S.D.	Contrast Group T2 N=23 Mean	S.D.
1. PARI								
authoritarianism	2.173	.815	2.206	.738	2.294	.740	2.253	.829
strictness	2.280	.787	2.262	.844	2.199	.757	2.275	.715
equalitarianism	1.201	.356	1.248	.433	1.422	.487	1.259	.446
rejection of homemaker role	2.384	.753	2.269	.815	2.327	.822	2.398	.762
2. FAS	2.957	.619	2.904	.576	2.817	.438	2.960	.554

Relationships Between Personality and Value Scale Scores and Attitudes

Because the PARI, FAS, and SRI scale scores have been used in a wide variety of research situations, it is useful to report intercorrelations between them and with selected other variables. These are shown in Table PFS1. Means and standard deviations are shown in Table PFS2. The intercorrelations between the PARI, FAS and SRI scores are all large and positive. Except for Authoritarianism (PARI-1) they all correlated slightly negatively with our summary measure of the use of positive verbal or teaching responses to a variety of child behaviors.



Cohort	Time 1		Time 2		Time 3		Time 4		Time 5	
	X	S.D.	X	S.D.	X	S.D.	X	S.D.	X	S.D.
Mean, all cohorts	.736	.189	.831	.169	.660	.206	.574	.171	.696	.152
Cohort 1	.733	.222								
Cohort 2	.683	.204	.802	.188						
Cohort 3	.791	.136	.892	.045	.762	.107	.588	.218		
Cohort 4					.666	.237	.557	.155	.725	.170
Cohort 5	.800	.139	.863	.152	.568	.220	.585	.158	.662	.123

NOTE: Cohort 1 is T1 only
Cohort 2 is T1-T2, and T2 only
Cohort 3 is T1-T4, and T3-T4
Cohort 4 is T3-T5, and T4-T5
Cohort 5 is T1-T5

CHART PC-C Trends in Response to Independence, Exploration, and Spanish or English Verbal Behavior by Child

TABLE PSF 1 - Intercorrelations of PARI, FAS and SRI Scale Scores with Selected Attitudes[1]

	PARI 1	PARI 2	PARI 3	PARI 4	FAS	SRI-1	SRI-2
Verbal or Teaching T_2	.04	-.05	-.06	-.03	-.15	-.09	-.09
Authoritarianism Pari 1	0	.75	.65	.64	.54	.63	.58
Strictness Pari 2	.75	1.0	.69	.70	.62	.60	.52
Equalitarianism Pari 3	.65	.69	1.0	.70	.73	.64	.65
Rej. of Homemaker Role Pari 4	.64	.70	.70	1.0	.73	.69	.61
Mex. Value Orientation FAS	.54	.62	.73	.73	1.0	.79	.64
Personal Control SRI-1	.63	.60	.64	.69	.79	1.0	.67
Control Ideology SRI-2	.58	.52	.65	.61	.64	.67	1.0
Mother seeks soc. rel. improvements in progr.	.32	.19	.17	.18	.24	.34	.34
Mother seeks school skills	-.04	-.03	-.04	-.02	-.04	-.11	-.09
Changes in mother (socio-emot. rel. most imp.)	.21	.23	.24	.03	.18	.19	.19
Mother liked social relations benefit for child	.25	.25	.40	.28	.22	.25	.27
Mother liked school skills benefits of progr. for child	.22	.28	.15	.15	.30	.26	.16
Mother liked goon environ. of program for child	.25	.16	.15	.20	.11	.23	.17
Mother liked new skills or enhanced child relat. from progr. for child	.25	.29	.14	.25	.21	.26	.14
Mother liked new skills or teaching & understanding child from program for self	.30	.29	.18	.24	.26	.27	.27
Mother perceives school related changes in child	.14	.31	.22	.24	.30	.24	.26
Mother perceives socio-emotional changes in child	.32	.26	.23	.25	.31	.29	.39
Mother perceives program changed rel. with child	.26	.17	.17	.16	.14	.12	.14
Mother liked new skills for mother's program for self	.32	.31	.24	.33	.36	.38	.31
Mother liked meetings, discussions in mothers program	.33	.29	.32	.23	.14	.18	.18
Mother liked acquisition of skills in mothers program	.13	-.03	.01	.08	.04	.11	.08
Mother liked peer rel. & friendships in mothers program	.16	.23	.20	.20	.13	.09	.12
Mother seeks task-oriented change for self	-.06	-.02	.07	.08	.10	.04	.05
Mother seeks socio-emotional change for self	.16	.03	.08	-.03	.12	.17	.04
Perceives change in life from program	.25	.24	.24	.27	.29	.35	.23

[1]Data for 74 program mothers with scores at two time periods (T2 score)

TABLE PSF 2

Means and Standard Deviation
for PARI, FAS and SRI Scores[1]

	PARI-1	PARI-2	PARI-3	PARI-4	FAS	SRI-1	SRI-2
Mean	1.73	1.79	.97	1.78	2.26	.54	.42
Std. Env.	.10	.11	.06	.11	.12	.03	.03
Std. Dev.	1.13	1.21	.64	1.19	1.31	.35	.32

[1]Data for 124 program mothers. Data from terminal data collection for each mother

The correlations are sufficiently small to be of little interest, however.

Authoritarianism correlated positively with most of the other psychological factors listed, except that it correlated slightly negatively with mothers seeking school skills for children and skill-oriented changes for themselves from the program.

Strictness (PARI-2) also correlated positively with various psychological measures except these skills acquisition orientations. Similar patterns, that is in which correlations with skill acquisition are lower or negative, can be seen in the relationships between other factors and the various psychological measures.

Changes in Mother Expectations.

Within the area of expansion of the mother's child rearing techniques, a goal of the program was to increase the mothers' active support of educational values by noticing and responding to the child's efforts. We have data in this area from interviews (the Preliminary and the Spring), as well as the previously reported mother-child interactions. The interviews showed clear gains. Upon their entry into program, mothers were asked what they wanted for their child for the program. At this entry point (time 1), 99 women gave 120 responses (1.2 responses per respondent). Of the 100 responses that were specific, slightly less than one-third mentioned the child gaining school skills. These findings may be contrasted with data collected in the Spring of each year. Here (time 2), the 120 women interviewed gave 317 answers to a question about what they liked about the children's program (2.5 answers per respondent). This time, fully one-half of the answers had to do with learning school skills.

Additionally, at time 2, the same women were asked what changes they saw in their children, and the 232 responses were evenly divided between specific school skills (such as langauge development, increased learning, knowing colors and shapes, etc.), and such interpersonal qualities as being happier, more able to share, more independent and more mature. Finally, seven out of ten changes were seen as large, while only three out of ten were seen as small.

We feel this reflects a major change in the mothers support of education. We know that past research (Ramirez, Demos) is consistent with our initial interview findings of a fairly low value placed on school skills. However, we must also ask whether the change to a higher valuation is due to program impact. We wonder if part of our perceived change reflects the difference of asking an abstract question (T1) that parents need to answer abstractly, and then asking a question (T2) that may be answered in concrete terms as a result of the first concrete experience with an educational setting for their child. This view that "low" value placed on education as reflected in questionnaire studies may simply reflect a lack of experience with specific school situations is consistent with linguistic research by Bernstein. He discusses the very concrete vocabulary of low-income families, the use of a restricted language code reflecting concrete experience, and contrasts this with the linguistic patterns of middle and high income groups which facilitate delaing with abstract ideas and vocabulary. In our program, and in most research that explores attitudes toward education, parents are asked about values and experiences that they themselves have never experienced, and the resulting limited responses appear to reflect this. After a year's participation in their children's,

learning process, our mothers are incredibly verbal about their children's learning capability and gains. They don't use highly abstract terms, but they certainly give every evidence of placing a high value on school skills.

It may be important to insert at this point some researcher observations on changes in the program that took place between the first and second year that observations were made.

During the first year that observations were made, the center had a highly directive person as director, who focussed chiefly on the children's program and mothers role as teachers. Mothers and staff were told in detail every day exactly what the activities in each classroom would be and what they should do in terms of working with the children. The teachers were also told what expectations they should have vis-a-vis mother's behavior. The model that the director provided for the staff was to tell the mothers how and what to do, regarding almost everything.

One month before the final observations that year, the director resigned and was replaced by the director trainee, already working in the program. She was given responsibility for the program supervision and supervised both children's and mother's program components. While she was not directive in her approach, she continued the pattern of the director making lesson plans and informing the staff and parents of what would be happening. The only major change she instigated was to divide the children into permanent age-based classroom groupings which allowed more age-appropriate activities and more continuous personnel, staff, mothers, and children in each classroom.

During the second year, the director trainee became director. She focussed heavily on parent development. More classes for parents were offered, and a more intensive mental health component was added. Rather than the director informing staff and parents of the daily activities, each classroom teacher planned the activities for her own class and read announcements to her own group. A head teacher was hired, whose concern was primarily with the program for children, and who was very non-directive in her supervisory style vis-a-vis the teachers. Two new teachers were hired, both very young, and they plus one returning teacher, also young, all expressed fears of working with parents. That is, at staff meetings and also in interviews with researchers, they described themselves as afraid to tell parents what to do. They felt very young relative to the mothers, felt threatened when a parent did not interact with her children in ways the teacher suggested, and took parental non-response as personal rejection. Increasingly, they preferred to do what ever needed being done themselves, rather than to ask the mother to do it.

At midyear, the entire staff held an evaluation of the program as a whole. Researchers had observed the curriculum as being planned on the basis of daily activity rather than on the basis of an overall orientation, and the total staff was concerned about mothers not taking the initiative in working with their children in the classroom. As a result of this evaluation, several changes were instituted. First, there was increase in the number of meetings between parents and teachers in order to explain to parents the rationale for the activities and to discuss how parents could help in the classroom. There were in-service training sessions for the staff to help develop a coherent frame-work or rationale for the curriculum planning. The staff decided to be more specific in showing parents how to work in the classroom with their children.

They described themselves as more comfortable in working with parents, and more confident as to their own abilities as teachers after this point. They seemed to react to this evaluation and planning time as support for themselves as teachers, and that being more direct with parents was both supported, legitimized and possible.

The results of these processes were recorded by the research team in a number of ways. Parents spoke more in the parent-teacher meetings, and asked many more questions of the teachers. They were also more openly critical of the teachers and questioned some of the activities in the classrooms. Also, when teachers gave parents specific tasks, they seemed to follow them through and often repeated their activities even when not specifically told to do so. The warmth and verbal interaction between parents and teachers increased markedly. Parents also appeared to increase in the interactions they had with children other than their own.

Positive Verbal Mediating Responses and Teaching as a Final Program Outcome

There are a number of statistical techniques for assessing program outcomes. In the area of mother-child interaction patterns there was no control group observation, and could not have been. Hence, a single-group before-after design is employed. Since parents were observed in child interactions at several points in time, however, a trajectory, or profile, of the program outcome variable can be plotted. Moreover, since parents entered the program at various times, a cohort analysis is possible. This is especially important in an analysis of final program outcomes since people dropped out of the program at various times. Given this arrangement, program impact can be measured by identifying the cohort of which each mother was a member. Thus, the impact of program changes can be seen on people who left the program at varying times.

The statistical technique chosen to assess final program outcome in the area of parent-child interaction patterns was a controlled step-regression. The dependent variable was the summary measure of Positive Verbal Mediating Responses and Teaching as responses to independence, exploration or Spanish or English communication on the part of the child. (Defined above as R_A). The last available score for the mother before she left the program was used as the dependent variable. The objective of the analysis is to account for variation in the mothers performance at their last period in the program.

Because initial values often strongly influence final values, the first independent variable used in the regression equation was the first available comparable score for the mother as soon as she entered the program. This enables controlling for initial value in explaining variation in the final scores.

The second block of variables used represented salient background factors. A set of dummy variables (Cohen, 1970) was used to represent the differences between mothers with Mexican-American and Anglo ethnicity on the one hand, and those with Mexican ethnicity on the other.[1]

A third block of factors entered into the regression contained only a single variable, Orientation Toward Mexican-American Values (FAS). The Family

[1]The latter was used as the "excluded" group in the set of dummy variables, hence beta coefficients for Mexican-American and Anglo represent the differences in means between these and the excluded group.

Attitude Scale was entered at this point to represent the final set of initial conditions logically prior to program exposure.

The fourth block of factors in the regression included a set of three dummy variables representing membership in program exposure cohorts. These variables effectively represent the combined influences of program variables operative during the time the mother was present. Since these varied from quarter to quarter, and since mean values of the dependent variable appear to have been heavily influenced by them, inclusion of the dummy variable block enables the analysis to untangle program influences on the final outcome from the influences of various psychological factors which may be confounded with them.[1]

The last block of factors entered in the regression equation are considered to be logically subsequent to the time T_1 score, to ethnicity, to the participant's value system, and to her program cohort experience. This block of psychological variables are related to goals for children, perceived program impacts, and liking for various facets of the program. Arguments could be made for alternative sequences in introducing blocks of variables. The one chosen reflected a desire not to make arbitrary distinctions between variables all measured at a psychological level.

It should be observed that neither the PAPI nor the SPI scale scores are included in the list of independent variables. Earlier multiple regression analyses had indicated that when other factors were considered, none of these factor scores had the slightest ability to explain variation in the mothers' final score on this dependent variable. Other variables were also discarded. These included:

(1) The mothers' liking of the general program environment for her child
(2) The mother's liking of skills she got from the program
(3) The mothers' perception of school-related or socio-emotional changes having taken place in the child.
(4) Her liking of various facets of the mothers program other than personal skills
(5) Characterization of herself as having specific socio-emotional and task-oriented skills as objectives.

Description of the independent variables used in the final analysis

1. The respondents were asked, as they began program, "What do you want for your child from program?" The four possible responses to this open-ended question were each coded as "social relationships" or as "school skills". Variable NV141 was the proportion of answers that were coded as "school skills" and variable NV142 was the proportion of answers that were coded as "social relationships". Thus, NV141 and NV142 had a largely inverse relationship to each other (if a mother gave no answers of either kind, of course, both would have scores of zero, and would not be inverse). The values of these two variables ranged from zero to one.

2. At the end of each program year, in the Spring, each respondent was asked what they liked for their child in the children's program. The four possible responses to this open-ended question were coded as "social relations",

[1]The "excluded" group is those mothers remaining in the project from time T1 through time T5, and the regression coefficients represent deviations from that cohort.

"school skills", "attributes of SBFCC or its staff", or "too vague to classify". Variable ONV16B2 was the proportion of those answers that indicated an orientation toward school skills. This index could vary between zero and one.

3. In addition, each Spring, respondents were asked what they liked for themselves in the children's program. The four possible responses to this question were coded as "learning new skills for self", "learning to teach or understand one's child", "getting away from the usual housewife and mother role", "new or enhanced relationship with child", "generalized learning", "everything", and "too vague to classify". Variable NV17A2 measured the proportion of these responses that were classifiable as task-oriented and included "learning new skills for self", and "new or enhanced relationship with child". This variable could range in value from zero to one.

4. Further, at the end of each program year, respondents were asked what they liked for themselves in the mothers program. The five possible answers to this open-ended question were coded as "program skill", "meetings, discussions and speakers", "role as wife and mother", "peer relations and friendships", "general", and "too vague to classify". Variable NV18A2 is the proportion of those answers that mentioned "program skills", and varies from zero to one. It is a measure of skill acquisition motivation.

5. Respondents were also asked each Spring how program had changed their life. The four possible responses to this open-ended question were coded as "learning language (Spanish or English)", "gaining new understandings", "new relationships with child", "gaining new relationship with husband", "new relationship with peers", "ability to control one's own life", "greater personal comfort", "general positive feelings about the child", "the effect of the program on self", and "too vague to classify". Variable NV20A2 was the proportion of possible answers of any kind the respondent actually gave, while variable NV20B2 was the proportion that "gaining new understandings", "gaining new relationship with child", and "general positive feelings about child" were of the total answers. This was a measure of changes in R's perception of her relationship to her child. Both variables varied from zero to one.

6. Each respondent was asked in the Spring, "What was most important to you about the program?" The four possible responses to this open-ended question were coded as "a class", "a speaker or discussion group", "field trips", "services performed by SBFCC", "general task-oriented improvement", "socio-emotional changes in the child", "socio-emotional changes in the mother", and "too vague to classify". Variable NV21A2 was the proportion that socio-emotional changes in mother or child were of the total responses. This variable could vary from zero to one.

Table MR-1 presents the results of the final multiple regression analysis. Almost have (45%) of the variation in the use of Positive verbal, mediating and teaching response (dependent variable R_A) is explained.[1] Despite the small sample size, the explained variation is significant at the .01 level.

It is of interest that the time T1 score explains less than 1% of the variation in R_A. Clearly, the measure is one which is subject to considerable circumstantial influences.

[1]This, of course, drops to 32% when adjusted for degrees of freedom, since the sample size is small, relative to the number of predictors.

TABLE MR-1

Multiple Regression of Mother's Child Repertoire on Time-One Score, Ethnicity, Value Orientation, Program Participation Cohort and Psychological Factors

		Analysis of Variance	d.f.	SSQ	MSQ	F
Multiple R	.67					
R^2	.45	Regression	15	1.189	.08	3.22[1]
R^2 (adj. for d.f.)	.32	Residual	59	1.453	.02	
Std. Err. Est.	.16	Constant Term	.61			

	B	Beta	Std. Error of B	F	Step R^2
Time T_1 Score	.11	.11	.11	1.09	.00
Mexican-American Ethnicity (dummy)[2]	.07	.18	.05	2.30	--}
Anglo Ethnicity (dummy)	-.05	-.10	.06	.76	.10}
Mexican American Values	-.02	-.14	.02	1.32	.13
Program Cohort (dummies)[2]					
Time 3-5	.05	.11	.06	.58	--}
Time 1-2	.06	.14	.07	.62	--}
Time 3-4	-.04	-.09	.07	.44	.23}
Mother's social relationship goals for child	.22	.28	.09	5.99	.28
Mother's school skills goal for child	-.11	-.12	.10	1.35	.30
Progr. impact on socio-emot. rel. of child and mother seen as important	-.37	-.25	.16	5.41	.35
Mother liked school skills benefits of program	.28	.33	.10	7.27	.38
Mother got enhanced child relationship from progr.	-.20	-.17	.16	1.64	.39
Mother perceives program as having changed her relation to child	-.35	-.17	.23	2.25	.41
Mother liked getting new skills for herself from mother's program	-.28	-.27	.14	4.10	.43
Mother perceives her own life as having been changed by mothers program	.15	.20	.12	1.68	.45

[1]Significant at .01 level

[2]Mexican ethnicity and program participation cohorts 1-5 are excluded groups
All dummy variables were coded 1 for membership and 0 for non-membership

Adding the ethnicity factors increases the explained variation to 10%. There are substantial differences between mothers with a Mexican, Mexican-American, and Anglo background, which can be seen in the regression coefficients (B's) for these dummy variables. The primary comparison is between Mexican (excluded group) and the Mexican-American groups (Anglo's constituted a small minority of people). The Mexican-American group is substantially higher.

Even when ethnic background is taken account of, there is still a 3% increase in explained variation when the FAS scores, representing orientation to a value system characterized as Mexican, are entered into the equation. The relationship is scarcely dramatic, however, since the FAS regression coefficient is approximately the same size as its standard error.

The program impact variables add another 10% to the explained variation, as would be expected from our earlier discussion of program differences during the first and second years. Doubtless, this impact makes itself felt through the operation of psychological variables which are not yet in the equation, and which, when entered, drop its apparent explanatory power. Yet, the program effect must be regarded as significant.

The block of psychological factors, when introduced, jointly increase the explained variation to 45%. Although the F-levels on some can best be described as marginal, they have been left in the equation on the theory that the social costs of over-reporting potentially useful factors whose effects may be attenuated by measurement errors is less costly than omitting them from the analysis and thereby consigning them to oblivion. These factors include:

(1) The negative effects of mother's reporting initial school skills goals for their children.

(2) Mothers' perceptions of enhanced social relationships with their child from the program.

(3) Mothers' perceptions of their own lives having been changed by the program.

Those factors making for a <u>higher</u> final score on the use of verbal and teaching behavior than would be expected on the basis of initial score, ethnicity, value orientations, and program cohort are:

(1) The mother's reporting having improved social relationships for her child as a goal when she entered the program.

(2) Liking the school skills gained by her child from the program.

(3) Perceiving her own life as having been changed by the program.

Those factors making for a <u>lower</u> final score at the time the mother left the program than would have been expected on the basis of her initial score, ethnicity, value orientations, and program cohort are:

(1) The mother's reporting having improved school skills for her child as a goal when she entered the program.

(2) Seeing the program impact on the socio-emotional relationships between her and her child as important to her.

(3) Perceiving that the relationship between her and her child has been enhanced by the program.

(4) Perceiving that the program has been a factor in changing her relationship with her child.

(5) Reporting increased skills for herself (i.e. driving, learning English) as the principal benefit of the mothers' program.

We can only speculate about why certain attitudes respondents report about the program and its effects appear to correlate either with high scores in the desired direction of parent response to a child's behavior or the opposite. For example, we find that if a parent, upon entry to the program is asked what she wants for her child from the program, and the response is the realm of socio-emotional goals, she is apt to increase in desired responses. If, however, she mentions school skills, it is likely that her desired responses do not develop, or they even drop. However, if a parent, at the end of program is asked what she liked for her child and the response is the acquisition of school skills, she is apt to be high in changing to desired responses, and if she says she liked the skills she acquired, she is apt to be low on the measure of desired responses: The same is true if she says the socio-emotional changes in herself or her child are important results of her program participation.

We can, of course, generate many hypotheses to explain these apparently paradoxical responses. One view that we feel is consistent with observations made during the year of mothers is to view it in the framework of flexibility and rigidity. We have stated earlier that it is hard to respond to an abstract question in any but a concrete way - if a parent's experience with young children has been focused on social development, the goal of socio-emotional growth is a likely response to being asked what is desirable for the child in program. If the person is flexible, and in the course of program participation experiences the intellectual growth of the child, she would see this as desirable and develop the techniques she was told would help foster it. Therefore by the end of the program she values school skills and has changed her interaction patterns to foster these skills. If, on the other hand, school means to her traditional forms of academic learning, and she is unable to see the children's activities fitting this model, then she either acts in what are considered traditional ways of fostering it, which could give a low score on desired behaviors, and at the end of the program might see emotional changes as important but not having to do with her behavior - or she may have focused on her own skill acquisition, which does follow a more traditional approach but does not affect her child--interaction patterns.

Research Conclusions and Recommendations for Further Investigation

We have reported on the demographic characteristics of our families, their attitudes about mother's employment, their participation in the Centro, and we have observed and measured changes in the mothers' self concept, their knowledge and ability to use community resources, the kinds of problems they encounter and how they handle them, their participation in community groups and the Centro itself, their access to resources and to child care and mobility, and their child rearing attitudes and practices. Overall, we see mothers that have increased in their participation and sense of responsibility at the Centro, that have better resources and skills they can bring to bear in solving their

problems and that value their child's and their own learning process. Our initial idea had been that Personal Control factors and Control Ideology factors would be mediated by program and that mothers' behavior and attitudes would change. It appears that Control Ideology doesn't change and although it is highly correlated with many attitudes, its lack of behavioral correlation is impressive. Though the PARI is also correlated with many attitudes it too fails to predict behavior. We have not found any significant changes in attitude as measured by usual research instruments, nor is there a consistent change in desired responses by mothers to behaviors correlated to school success by their children. Rather, it appears that the content of the program, the attitude and role of staff and participating mothers have great influence on the behavior of parents. Our research has focussed on "outcomes" and we have seen unusual involvement on the part of mothers in the Centro, with observed changes in their evaluation of themselves and their ability. Future research must focus on the process that mediates these outcomes; how do mothers get involved and socialized in the program? How do they interact with their own and other children, and what are the dynamics operating that affect this? How can the setting for that interaction be held constant in a more standardized situation, so the measurement can be more comparable and reliable? It would be well to be clearer on exactly where parents are at the time they enter the program, and more frequent measurement of the change process should be employed. Also, our focus has been on the mothers exclusively. This may have had some behavioral effect on the mothers. We know little of the children's growth. These are some of the promising directions to be explored in future research.

The implications of our findings for both programatic efforts and further research include:

1. Parental role flexibility must be considered.

2. Expectations about "school behavior" should be taken into account in setting up both program and change models.

3. The models of roles played by staff members are crucial.

4. Administrative styles may result in completely unintended program changes.

5. The role of program "oldtimers" and peer group influences is even larger than even we anticipated.

6. Programs which do not provide post-program reinforcement of learned behavior may well have worked in vain.

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APPENDIX

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Int. #_____
Interviewer_____

SANTA BARBARA FAMILY CARE CENTER

PRELIMINARY INTERVIEW

DATE_____

MOTHER'S NAME:_____

ADDRESS:_____

PHONE:_____

SANTA BARBARA FAMILY CARE CENTER

PRELIMINARY INTERVIEW

Date: _____

Interview # _____ Interviewer: _____

Is there a telephone in your house? ☐ yes ☐ no

1. Including yourself, please tell me all the people that live in your house.

	Name	Birth-date	Birthplace*	Relationship to mother	(If child) Year In School	(If Adult) Last grade of school completed
L.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

* Ask "Is that a big or small town"? (unless absolutely obvious)

II. Are you now married_____separated____divorced_____single_____vidoved_____

III. A. Has this child gone to a preschool program before?

(If yes) Which one?

B. Have any of your other children gone to a preschool program?

(If yes) Which one?

C. Are any of your children in another preschool program now?

(If yes) Which one?

IV. A. How did you hear about the Santa Barbara Family Care Center? Who told you?

B. Did they tell you about the Children's Program, the Mother's Program or what?

V. A. When did you hear about the program?

B. When did you start coming to the program?

(If more than one month passed from the time she heard and the time she joined ask.)

C. How is it that you decided to come to the program now (then)?

VI. A. Are there any community groups whose activities you sometimes attend like the PTA, La Casa, religious or church groups, sport groups, things like that?

(If yes) Which groups are they? (List names of groups-ask next questions for each.)

	Names of Groups			
B.	Are you an actual member of do you just attend meetings or what?			
C.	During the last 6 months did you go to most of the meetings, or did you only go to a few of them?			
D.	During the last 6 months have you been any kind of officer or been on a committee?			

VII. A. Can you drive a car?

☐ Yes ☐ No

B. Are you learning to drive?

☐ Yes ☐ No

C. Where?

D. Are you planning to learn to drive?

☐ Yes ☐ No

E. Where?

F. Do you and/or your husband own a car or truck?

☐ Own car ☐ Own truck ☐ Doesn't own (SKIP TO 7K

G. Do you have more than one?_____(If yes) How many?_____

H. Who usually uses it/them?_____

I. IF DOESN'T DRIVE — Can your husband or someone else that lives in your house take you where you need to go?

Can he take you almost anytime, occasionally, or what

J. IF DRIVES — Can you use the car when you need to go some place?

Would that be almost anytime, occasionally, or what?

IF R. CAN DRIVE

K. Is there any other car you use part of the time ☐ Yes ☐ No

L. (IF YES) Can you see it almost anytime, occasionally, or what?_____

M. Whose car is it?_____

(ASK EVERYONE)

N. Is there another person like a relative or friend you sometimes count on to drive you places you want to go, like to a meeting, a doctor or visiting? ☐ Yes ☐ No

O. (IF YES) Who is that?_____

Anyone else?

VIII. A. Do you use public transportaion sometimes such as the bus or taxi?

Bus: ☐ Yes ☐ No Taxi: ☐ Yes ☐ No

(IF USES EITHER ONE)

B. DO YOU USE IT (bus, taxi) regularly or just one in awhile?

Bus: ☐ Reg. ☐ Once in awhile/Taxi: ☐ Reg. ☐ Once in awhile

(IF USES REGULARLY OR ONCE IN AWHILE)

C. About how many times did you use the bus/taxi in the last two weeks?

Bus: _____times Taxi: _____times

IF USES BUS, TAXI REGULARLY)

D. WHAT KIND OF TRIPS DO YOU REGULARLY USE A BUS? TAXI FOR?

(PROBE: YOU KNOW, LIKE DOCTORS APPOINTMENTS, SHOPPING, VISITS)

BUS_____ TAXI_____

_____ _____

_____ _____

_____ _____

E. Sometimes people have sudden emergencies and they have to get to the hospital quickly, or go to a relatives house, or things like that. If a sudden emergency happens to you, how do you get there?_____

_____

_____

_____

IX. Next we want to ask you about work and employment of people in your family.

(IF THERE IS A HUSBAND)

A. Is your husband working now?_____working_____disabled

_____Student_____Unemployed_____Laid off

B. What is your husband's occupation now? What sort of work does he do?

C. What kind of business is that in?_____

D. Does your husband work for himself or for someone else or what?

E. (IF SELF) Does your husband regularly employ anyone other than himself?

X. Now I'd like to ask what you think about women working?

A. Do you think it is a good idea or a bad idea for someone like yourself to have a job?

☐ Good idea ☐ Don't know depends ☐ Bad idea--------

B. On what does it depend?_____

C. What are the main reasons why you feel it is a good/bad idea?

Anything else?_____

D. About you - Do you have a job now? ☐ Yes ☐ No

(IF YES) (IF NO GO ONTO 8N)

E. What do you do? What sort of work do you do?_____

_____

F. What kind of business is that in?_____

G. Do you work for yourself or for someone else, or what?_____

H. How long have you been working there?_____

I. Had you ever worked for anyone else before going to work there?

☐ Yes ☐ No

J. (IF WORKED) When was that? (Dates)

_____

K. What was it that made you decide to get this job now? Anything else?

_____

L. Do you plan to keep working during the next year?

☐ Yes ☐ No ☐ Depends ☐ Don't know

M. On What does it depend?

(IF NO JOB NOW)

N. Have you ever had a job? ☐ Yes ☐ No (IF NO GO ONTO 8S)

O. (IF YES) When was the last time you worked. From_____to_____

P. What kind of work did you do?_____

Q. What kind of business was tha in_____

R. Did you work for yourself, for someone else, or what?

Someone else Self Other (EXPLAIN)_____

_____

S. Are you thinking of getting a job during the next year?

☐ Yes ☐ No ☐ Don't know ☐ Depends

(SKIP TO 9A) T. On What Does It Depend?

Go to 9 A

(IF THINKING OF GETTING A JOB)

U. What kind of work are you considering? (PROBE: Anything in Particular?)

_____

Have you had a chance to actually go and look for a job?

☐ Yes

How is it you decided to look for a job now? Anything else?

_____

_____

_____

☐ No

Do you think you will go out and look for one, or is that something that will have to wait?

☐ will look ☐ will wait ☐ depends

Y. Why is that? On what?

_____ _____

_____ _____

(IF HUSBAND IN HOME)

XI.

A. What does your husband think about your working?_____

_____

_____

B. Is this something which is very important to him or doesn't it really matter too much?_____

_____

_____

(FOR EVERYONE)

C. What does the rest of your family think about your working?_____

_____

_____

D. Is this something which is very important to them, or doesn't it really matter too much?_____

_____

_____

XII. A. What language is spoken in your home most of the time?_____

B. Does everyone speak it? ☐ Yes ☐ No

(IF NO) C. Who speaks it?

D. Is another language used part of the time? Yes No

(IF YES) What language?

E. When is it used?_____

F. Who speaks it?_____

XIII. A. Do you have any doctor or doctors you see regularly? PROBE ON EACH ONE MENTIONED, WHAT KIND of DOCTOR, WHO SEES HIM/HER?_____

B. Who is it?_____

C. Do you have any dentist or dentists you see regularly? (PROBE EACH ONE) WHO SEES HIM/HER?_____

D. Who is it?_____

E. Do you know if you are elegible for Medi-Cal?_____

☐ Don't know ☐ Knows is elegible ☐ Knows is not elegible

F. Have you ever used it?_____ G. Do you use it now?_____

H. Do you know if you are elegible for food stamps?

☐ Don't know ☐ Knows is elegible ☐ Know is not elegible

I. Have you ever used them_____ J. Do you use them now?_____

K. Are you getting financial help from:

AFDC_____ WELFARE_____ OTHER_____ (PROBE, FAMILY, EX-HUSBAND

UNEMPLOYMENT, DISABILITY ETC.)_____

L. Have you lived anyplace besides Santa Barbara or the place you said you were born?

(IF YES) Where? (If not known place) Where is that?

1.

2.

3.

4.

5.

M. (IF NOT BORN IN U.S. ASK) How long have you lived in the United States?_____

N. How long have you lived in Santa Barbara?_____years

O. How long have you lived in your present home?_____years

P. Have you always lived in the same house here in Santa Barbara since you have had your own family (husband, children etc.)

Q. How many other places in Santa Barbara have you lived?

XIV. A. Do you have relatives in Santa Barbara?_____

B. Do you have compadres or comadres in Santa Barbara?_____

C. Do you have acquaintances in Santa Barbara?_____

D. Have you made friends in Santa Barbara?_____

E. Do you know any other women that might like to come to the program?

☐ Yes ☐ No Who are they?_____

F. Do you have anyone who can take care of your children if you want to leave the house for a few hours? ☐ Yes ☐ No

(IF YES) G. Is it a relative?_____

H. Is it a friend?_____

I. Is it an acquaintance?_____

J. Is it a person whom you pay?_____

XV. A. What do you want for your child (children) in participating in the program.

Anything else?

B. Why is this important to you?

C. What do you want for yourself in participating in the program?

Anything else?

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D. Why is this important to you?_____

_____

(IF HUSBAND IN HOME)

E. What does your husband think about your coming to this program?

_____

_____

_____

F. Is this something which is very important to him or doesn't it really matter too much?_____

_____

_____

(FOR EVERYONE)

G. What does the rest of your family think about your coming to this program?

_____

_____

H. Is this something which is very important to them, or doesn't it really matter too much?_____

_____

_____

Santa Barbara Family Care Center

COMMUNITY RESOURCES QUESTIONNAIRE

Mother_____ Date_____ Interviewer_____

We will be asking you questions about problems and the way families work at taking care of them. Sometimes we have a problem or worry of our own or in our family, and turn to others for help and favors.

1. When you need a personal favor, is there someone you can turn to?
(If Yes) Who is that?

Person	Where does he (she) live? (If in S.B., how far is that from your house?)	What is his (her) relationship to you?

Is there anyone else?
(If all friends, add: "Such as a relative.")
(If all relatives, add: "Such as a friend.")

2. When you need advice about a personal problem, is there someone you can turn to?

(If Yes) Who is that?

Person	Where does he (she) live? (If in S.B., how far is that from your house?)	What is his (her) relationship to you?

Is there anyone else?
(If all friends, add: "Such as a relative?")
(If all relatives, add: "Such as a friend?")

3. When you need help with a personal problem, is there someone you can turn to?

(If Yes) Who is that

Person	Where does he (she) live? (If in S.B., how far is that from your house?)	What is his (her) relationship to you?

Is there anyone else?
(If all friends, add etc.)

Many families have housing, health, and family problems. We want to ask how it was for you. Think back to last_____. What problems came up this last year?

In the past year has your family had a:

Physical Health Problem?_____(Probe: a major illness or sickness that really worried you.)

Housing Problem?_____(Probe: such things as not enough space, eviction, bad condition of house, rent too high, etc.)

Family Problem?_____(Probe: Things like marriage problems, problems with children, other people in house, money problems, or unemployment.)

Mental Health Problem?_____(Probe: like being very upset or nervous--more nervous than usual.)

(If more than one problem is mentioned in an area, ask mother to pick the one that was the most serious, or biggest problem. Then ask the following questions for the problem in each area.)

(FOR EACH PROBLEM MENTIONED)

Let's talk about the _____ problem.

1. What was the problem? What was wrong?

2. When was that?

3. What did you do first?

   Then what happened?

4. Did you take care of this problem all by yourself or did you talk it over with anyone?

   Who was that?

   (If person not previously mentioned on P. 1)
   How did you happen to call on that person? What is his (her) relationship to you?

   Did that person (they) help you in any other way besides talking it over?

5. Were you in contact with any agency or service to help with your problems?

   How did you find out which agency to call on (be specific)?

   Were there any other agencies involved (be specific)?

   (IF SO, ASK FOLLOWING QUESTIONS ABOUT EACH ONE)

6. How did you get in touch with that group? Did someone else contact them for you or did you contact them or what?

   (If someone else not mentioned on p. 1)
   Who is that? How are they related to you?

7. Did you work with the head of that program or with a worker there?

8. Was the person Mexican-American or Anglo-American?

9. How much of a Spanish-English language problem was there in communicating with them?

   (If there was a language problem ask)
   Except for the language problem, were the people there easy or hard to talk to?

10. When you first called on the agency, what did you hope the agency would do?

11. Were you able to get them to do some of what you wanted them to do or did they just do what they decided to do?

12. What did they actually end up doing?

13. Were there any other things you thought they should have done that they couldn't or wouldn't do?

    (IF YES) What were they?

14. Were there any other difficulties you had in using these services?

    (IF YES) What were they?

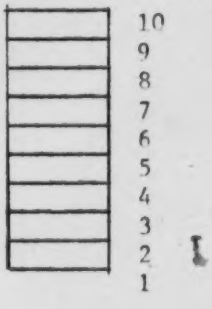
15. Is the problem gone now, or do you still have it?

16. Looking back on all your experience with this agency, do you think you could have handled them differently?

    (IF YES) What could you have done?

    What do you thing would have happened?

17. Here is a picture of a ladder numbered from 1 to 10. The top of the ladder would show the agency really helping you to take care of your problem. Show me where you would put the agency you went to from "no help" at 1 to "complete help" at 10.



One of the things we are interested in finding out is how good a job is done by Santa Barbara's community services in reaching out to people they are supposed to serve. Here is a list of community services and helping agencies - we are listing as many as possible, so don't worry if you have never even heard of many of them.

Think back to last _____ and try to remember about each one:
(ASK THESE QUESTIONS ABOUT EACH SERVICE)

1. Have you ever heard of this agency?

   (IF YES, CIRCLE NUMBER AND ASK:)

2. Have you <u>ever</u> contacted or ever used this service?

   (IF YES, CHECK AFTER AGENCY NAME AND ASK:)

3. Have you contacted or used this service <u>this year</u>?

   (IF YES, CIRCLE CHECK AND FILL IN INFORMATION ON FOLLOWING PAGE.)

ONLY FOR AGENCIES USED OR CONTACTED THIS YEAR

Agency # here	Who contacted the agency?		Did you actually use the agency? (IF NO, ASK) Why not? (IF YES, ASK) Who used it?	How many times have you actually used this agency since _____?
	Self	Other (specify)		

Use this for both Spanish & English

HELPING SERVICES

Heard of
Ever Contacted
Contacted this year

0 Heard of ✓Ever contacted ⊘Contacted this year

1. Catholic Welfare and Social Services
2. Nuns, Priests, Ministers, for counseling & help.
3. Family Service Agency
4. County Welfare
   a. AFDC (Aid to families with dependent children)
   b. ATD (Aid to the Disabled)
   c. Medi-Cal
   d. Win (Work Incentive Program)
   e. Food Stamps
   f. Family Service
5. County Housing Authority
6. City Housing Authority-Pilgrim Terrace
7. Department of Human Resources & Development (unemployment Insurance)
8. Manpower (Employment Training)
9. Community Action Commission
10. Senior Citizen Heals on Wheels
11. Senior Citizen Homemaker Health
12. Bi-County Planning (Econ. Dev.)
13. La Casa de La Raza Food Stamp Program
14. Goleta Clothing Bank
15. Calm (Child Abuse Listening Meditation)
16. Alchoholics Anonymous
17. Weight Watchers or Diet Watchers
18. Information Referral & followup Services-Easter Seal
19. Santa Barbara Family Care Center
20. Conferences with Public School Teacher
21. Conferences with Public School Principal
22. Conferences with Public School Counselors
23. Day Care Center Children's program
24. Day Care Center Parent Program
25. Children's Center Children Program
26. Children's Center Parent Program
27. Headstart Childrens Program
28. Headstart Parent Program
29. Public School reading clinic
30. Public School speech program
31. Public School Handicapped Children's Program
32. Alpha School
33. Adult Education evening classes
34. Work - Training Program
35. Parochial School
36. Conferences with Parochial School Teacher
37. Conferences with Parochial School Principal
38. Conferences with Parochial School Counselor
39. Centro Cultural Mexicano
40. La Casa de La Raza Adult Classes
41. La Casa de La Raza Children's Esquela
42. Tiburcio Vasques-School Program
43. UCSB Mecha Tutorial
44. SBCC Tutorial (Jr. High)
45. SBCC College Classes
46. Conferences with SBCC COUNSELOR
47. Conferences with SBCC Teacher
48. St. Vincent's School
49. St. Vincent's School Day Nursery
50. Child's Estate
51. Park & Recreation Dept. Park Activities
52. Park & Recreation Dept. Pool and Swimming Program
53. Park & Recreation Dept. Summer Children's Program
54. Park & Recreation Dept. Dances
55. La Casa de La Raza Children's activities & fiestas
56. La Casa de La Raza-Adult Dances
57. Union Civica Adult dances
58. Boy Schouts, Girl Scouts, Camp Fire Girls
59. YMCA
60. Summer Camp Programs from
   a. Salv. Army
   b. YMCA
   c. Youth Group (Boy Scouts, Girl Scouts, etc.)
   d. Church groups
61. Public library
   a. Main
   b. Martin Luther King
62. Art Museum
63. Natural History Museum
64. Crippled Childrens Society (orthopedic)
65. UCSB Hearing & Speech Clinic
66. County Mental Health Clinic
   a. Calle Real Outpatient
   b. Calle Real Inpatient
   c. Milpas Outreach
   d. Granada Building Outreach
   e. Canon Perdido Outreach
67. "Own" psychiatrist, psychologist
68. Freedom Community Clinic (Neighborhood House De La Guerra & Santa Barbara Streets.
69. Visiting Nurses Assn.
70. Planned Parenthood
71. American Cancer Society
72. Cancer Foundation (Cottage Hospital)
73. Cancer Clinic (General Hospital)
74. Heart Assn. of S.B.
75. Arthritis Foundation
76. March of Dimes
77. Muscular Dystrophy Assn.
78. Multiple Schlorosis Assn.
79. Epilepsy Assn.
80. Legal Defence (Garden Street)
81. Legal Aid (Milpas Street)

82. Legal Collective (Isla Vista)
83. "Own" Lawyer
84. City Police
85. County Sheriff's Department
86. IRS (Income Tax Office)
87. County Bar Association
88. Better Business Bureau
89. ACLU (American Civil Liberties Union)
90. Trade Union (If Member) (contact is going to meetings, called on phone)
91. County Health Dept.
    a. Well baby Clinic
    b. Family Planning Clinic
    c. TB Clinic
    d. County Health Clinic
    e. Public Health Nurses
    f. Crippled Children's Services
92. Health Task Force
    La Casa de La Raza
93. Drug Abuse Prevention Center
94. S. B. County Medical Society
95. Ambulance Service
96. "Own" Doctor
97. "Own" Dentist
98. General Hospital Outpatient Care
99. Emergency Rooms
    a. General Hospital
    b. Cottage Hospital
    c. St. Francis Hospital
    d. Goleta Valley Hospital
100. Optometric Association (eyes)
101. Lions Club (glasses)
102. Humane Society

DATE_____

NAME_____

SOCIAL REACTION INVENTORY

SANTA BARBARA FAMILY CARE CENTER ADAPTATION

This is a questionnaire to find out the way in which certain important events in our society affect different people. Each item consists of a pair of statements lettered a or b. Please select the one statement of each pair (and only one) which you more strongly feel to be the case as far as you're concerned. Be sure to select the one you actually believe to be more true, rather than the one you think you should choose or the one you would like to be true. This is a measure of whay you believe: obviously there are no right or wrong answers.

Please answer these items carefully but do not spend too much time on any one item. In some instances you may discover that you believe both statements or neither one. In such cases, be sure to select the one you more strongly believe to be the case as far as you're concerned. Also try to respond to each item independently when making you choice; do not be influenced by your previous choices.

REMEMBER

Select that alternative which you personally believe to be more true.

1a. What happens to me is my own doing.

b. Sometimes I feel that I don't have enough control over the direction my life is taking.

2a. Who gets to be the boss often depends on who was lucky enough to be in the right place first.

b. Who gets to be boss depends on who has the skill and ability. Luck has little or nothing to do with it.

3a. In my case, getting what I want has little or nothing to do with luck.

b. Many times we might just as well decide what to do by flipping a coin.

4a. Leadership positions tend to go to capable people who deserve being chosen.

b. It's hard to know why some people get leadership positions and others don't; ability doesn't seem to be the important factor.

5a. I have often found that what is going to happen will happen.

b. Trusting to fate has never turned out as well for me as making a decision to take a definite course of action.

6a. People who don't do well in life often work hard, but the breaks just don't come their way.

b. Some people just don't use the breaks that come their way; if they don't do well, its their own fault.

7a. Becoming a success is a matter of hard work, luck has little or nothing to do with it.

b. Getting a good job depends mainly on being in the right place at the right time.

8a. Most people don't realize the extent to which their lives are controlled by accidental happenings.

b. There really is no such thing as "luck".

9a. No matter how hard you try, some people just don't like you.

b. People who can't get others to like them, don't understand how to get along with others.

10a. People are lonely because they don't try to be friendly.

b. There's not much use in trying too hard to please people; if they like you, they like you.

11a. Without the right breaks one cannot be an effective leader.

b. Capable people who fail to become leaders have not taken advantage of their opportunities.

12a. When I make plans, I am almost certain that I can make them work.

b. It is not always wise to plan too far ahead because many things turn out to be a matter of good or bad fortune anyhow.

13a. Without the right breaks, one cannot be an effective leader.

b. Getting people to do the right thing depends upon ability; luck has little or nothing to do with it.

14a. Many times I feel that I have little influence over the things that happen to me.

b. It is impossible for me to believe that chance or luck play an important role in my life.

15a. It is hard to know whether or not a person really likes you.

b. How many friends you have depends upon how nice a person you are.

16a. Knowing the right people is important in deciding whether a person will get ahead.

b. People will get ahead in life if they have the goods and do a good job; knowing the right people has nothing to do with it.

NAME _____

DATE _____

INTERVIEWER _____

Santa Barbara Family Care Center

PART & FAS Adaptation

Directions:

Read each of the statements below and circle the appropriate letter: "1" for "agree a lot", "2" for "agree a little", "3" for "disagree a little", and "4" for "disagree a lot".

1	2	3	4
Agree a lot	Agree a little	Disagree a little	Disagree a lot

There is no right or wrong answer, so encourage mother to answer according to her own opinion. It is very important to the study that all questions be answered. Many of the statements will seem alike, but all are necessary to show slight difference.

PARI

		Agree		Disagree	
2.	Children should be more considerate of their mothers since their mothers suffer so much for them.	1	2	3	4
2.	Los niños deben de ser más consideradas con sus madres porque sus madres sufren mucho por ellos.	1	2	3	4
3.	Children will get on any woman's nerves if she has to be with them all day.	1	2	3	4
3.	Los niños pondrán de nervios a qualquiera mujer el tiene que pasar todo el dia con ellos.	1	2	3	4
5.	Some children are just so bad they must be taught to fear adults for their own good.	1	2	3	4
5.	Algunos niños son tan traviesos que para su propio bienestar hay que enseñarles a temer a dultos.	1	2	3	4
9.	Mothers very often feel that they can't stand their children a moment longer.	1	2	3	4
9.	Muchas veces las madres sienten que no pueden aguantar a sus hijos ni un momento más.	1	2	3	4
10.	Children are actually happier under strict training.	1	2	3	4
10.	Realments los niños son más felices cuando se les dan una orientación estricta.	1	2	3	4
11.	The sooner a child learns to walk the better he's trained.	1	2	3	4
11.	Entre más rápido se le enseñe adar a un niño más aún son las cosas que se le puede enseñar.	1	2	3	4
13.	A child will be grateful later for strict training.	1	2	3	4
13.	El niño apreciará más adelante si se le da una orientación estricta.	1	2	3	4

		Agree		Disagree	
16.	Parents should know better than to allow their children to be exposed to difficult situations.	1	2	3	4
16.	Los padres de familia deben de reconocer que no es bueno permitirles a sus hijos que se expongan a situaciones difíciles.	1	2	3	4
17.	Children who are held to firm rules grow up to be the best adults.	1	2	3	4
17.	Los niños que se les exige un comportamiento basado en reglas estrictas llegan a ser los mejores adultos.	1	2	3	4
20.	Mothers sacriface almost all their own fun for their children.	1	2	3	4
20.	Las madres sacrifican casi todo su diversión por atender a sus hijos.	1	2	3	4
25.	Parents who are interested in hearing about their children's parties, dates, and fun help them grow up right.	1	2	3	4
25.	Los padres que muestran interés en las fiestas, los compromisos, y las diversiones de sus hijos les ayudan a desarrollarse bién.	1	2	3	4
27.	A mother has a right to know everything going on in her child's life because her child is part of her.	1	2	3	4
27.	Una madre tiene el derecho de saber todo de lo que pasa en la vida de su hijo porque su hijo es parte de ella.	1	2	3	4
28.	Having to be with the children all the time gives a woman the feeling that her wings have been clipped.	1	2	3	4
28.	Teniendo que estar son los niños todo el tiempo hace a la madre sentiras como que ha perdido su libertad.	1	2	3	4

		Agree		Disagree	
29.	When you do things together, children feel close to you and can talk easier.	1	2	3	4
29.	Cuando alguien participa en actividades con sus hijos, sus hijos sienten más confianza y se comunican con más facilidad.	1	2	3	4
32.	Strict discipline develops a fine character.	1	2	3	4
32.	Una disiplina estricta sirve para desarrolar un buen carácter.	1	2	3	4

F A S

1.	The stricter the parents the better the child.	1	2	3	4
1.	Entre más estrictos los padres de familia mejor el niño.	1	2	3	4
3.	All adults should be respected.	1	2	3	4
3.	Todo adulto merece respeto.	1	2	3	4
4.	More parents should teach their children to be loyal to the family.	1	2	3	4
4.	Más padres deben de enseñaries a sus hijos la lealtad para su familia.	1	2	3	4
9.	For a child the mother should be the dearest person in existence.	1	2	3	4
9.	Para su hijo la madre debe de ser la persona más querida del mundo.	1	2	3	4
10.	Fathers should always be respected.	1	2	3	4
10.	Siempre deben de ser respetados los papás.	1	2	3	4

		Agree		Disagree	
11.	It is more important to work and plan for the future than it is to enjoy life now.	1	2	3	4
11.	Es más importante trabajar y hacer planes para el futuro que gozar la vida ahora.	1	2	3	4
12.	Some equality in marriage is a good thing, but by and large the husband ought to have the main say in family matters.	1	2	3	4
12.	Es bueno tener alguna igualdad en el matrimonio, pero por lo regular es el esposo quien de be de tener la última palabra en asuntos familiares.	1	2	3	4
14.	It doesn't do any good to try to change the future, because the future is in the hands of God.	1	2	3	4
14.	No vale la pena tratar de cambiar el futuro porque el futuro está en las manos de Dios.	1	2	3	4
17.	Old people are wiser than young people.	1	2	3	4
17.	Los viejos son más sabios que los jóvenes.	1	2	3	4
22.	It is not good for a married woman to work outside the home.	1	2	3	4
22.	No es bueno que trabaja afuera de la casa una señora casada.	1	2	3	4
23.	Women think less clearly then men and are more emotional.	1	2	3	4
23.	Las mujeres no piensan tan claramante como los hombres y son más emocionales.	1	2	3	4

		Agree		Disagree	
24.	It helps a child in the long run if he is made to conform to his parents ideas.	1	2	3	4
24.	A largo plazo le sirve al niño si se le exige aceptar las ideas de sus padres.	1	2	3	4
25.	The father should be the final authority in the family.	1	2	3	4
25.	El padre debe de tener la última palabra en la familia.	1	2	3	4
27.	The word of an adult should never be questioned.	1	2	3	4
27.	Nunca se debe de contradecir la palabra de un adulto.	1	2	3	4

CENTRO FAMILIAR DE SANTA BARBARA

Spring 1974

Int. # _____

Date _____

Interviewer _____

Name _____

Address _____

Phone _____

Santa Barbara Family Care Center

Spring 1974

Int. #_____ Date_____

Interviewer_____

1. Last year you told us there were _____ people living in your house.

   Names _____
   Are the same people there now, or has someone moved in or moved out?

   (ADD NEW NAMES AND INFORMATION)

   (FOR PEOPLE WHO MOVED OUT ASK) "when did he/she move out?"
   Name Date moved out

Name	Birth-date	Birthplace (City-* State)	Relation-ship	Year in school	Last school year completed	Date moved out

(*If city unknown ask) "is that a very small town?"

2. Are you now married____separated____divorced____single____widowed____

3. Have you moved since last September? Yes [ ] No [ ]

4A. Are there any community groups whose activities you sometimes attend like the PTA, La Casa, religious or church groups...things like that?

(If yes) which groups are they? (List names of groups, Ask next question for each).

Names of groups			
B. Are you an actual member or do you just attend meetings or what?			
C. During the last 6 months did you go to most of the meetings, or did you only go to a few of them?			
D. During the last 6 months have you been any kind of officer or been on a committee?			

7A Can you drive a car?

☐ Yes

B. Have you learned to drive a car since you started coming to this program?

Yes ___ No ___

C. Did you learn to drive at SBFCC

Yes ___ No ___

☐ No

D. Are you learning to drive here at SBFCC?

___ Yes ___ No

Where

E. Are you planning to learn to drive?

___ Yes ___ No

Where

F. Do you and/or your husband own a car or truck?

_____ Own car _____ Own truck _____ Doesn't own (Skip to 7K)

G. Do you have more than one? _____ (If Yes) How many? _____

H. Who usually uses it/them? _____

I. IF DOESN'T DRIVE → Can your husband or someone else that lives in your house take you where you need to go?

_____

Can he take you almost anytime, occasionally or what?

_____

J. IF DRIVES ——→ Can you use the car when you need to go someplace?

_____

Would that be almost anytime, occasionally, or what? _____

(If F. can drive)

K. Is there any other car you use part of the time _____ Yes ____ No

L. (If Yes) Can you use it almost anytime, occasionally or what?

_____

M. Whose car is it? _____

(ASK EVERYONE)

N. Is there another person like a relative or friend you sometimes count on to drive you places you want to go, like to a meeting, a doctor or visiting? _____ Yes _____ No

O. (IF YES) Who is that? _____

Anyone else? _____

6A. Do you use public transportation sometimes, such as the bus or taxi?

Bus: _____Yes _____No Taxi: _____Yes _____No
(If uses either one)

B. Do you use it (bus, taxi) regularly or just once in a while?

Bus: _____ Reg. _____Once in a while Taxi _____Reg. _____ Once in a whil
(If uses regularly OR once in a while)

C. About how many times did you use the bus/taxi in the last two weeks?

Bus _____times. Taxi _____times
(If uses Bus/Taxi REGULARLY)

D. What kind of trips do you regularly use a bus/taxi for?

(Probe: You know, like doctors appointments, shopping, visits)

Bus_____ Taxi_____

_____ _____

_____ _____

_____ _____

E. Sometimes people have sudden emergencies and they have to get to the hospital quickly, or go to a relative's house, or things like that. If a sudden emergency happens to you, how do you get there?

_____

_____

_____

_____

_____

_____

7. Next we want to ask you about work and employment of people in your family. (If there is a husband)

   A. Is your husband working now? _____ working _____ disabled

   _____ student _____ unemployed _____ laid off

   B. Does he still have the same job at the same place that he had last September or has he changed?

   _____ Yes, same job _____ No, has changed

   (If has different job)

   C. What is your husband's occupation now? What sort of work does he do?

   _____

   D. What kind of business is that in? _____

   _____

   E. Does your husband work for himself or for someone else or what?

   _____

   F. (If self) Does your husband regularly employ anyone other than himself? _____

8. Now I'd like to ask what you think about women working?

   A. Do you think it is a good idea or a bad idea for someone like yourself to have a job?

   _____ Good idea _____ Don't know depends _____ Bad idea

   B. On what does it depend? _____

   C. What are the main reasons why you feel it is a good/bad idea?

   _____

   Anything else? _____

   _____

D. How about you - do you have a job now? _____Yes _____No

(If yes) (If no, go on to 8N)

E. What do you do? What sort of work do you do? _____

_____

F. What kind of business is that in? _____

G. Do you work for yourself, or for someone else, or what? _____

H. How long have you been working there? _____

I. Had you ever worked for anyone else before going to work there?

_____Yes _____No

J. (If worked) when was that? (Dates) _____

_____

K. What was it that made you decide to get this job now? Anything else?

_____

_____

L. Do you plan to keep working during the next year?

_____Yes _____No _____Depends _____Don't Know

M. On what does it depend?

_____

_____

(If no job now)

N. Have you ever had a job? _____Yes _____No (If no go on to 8S)

O. (If yes) When was the last time your worked? From_____ to_____

P. What kind of work did you do? _____

Q. What kind of business was that in? _____

R. Did you work for yourself, for someone else, or what?

_____someone else _____self _____other (Explain) _____

S. Are you thinking of getting a job during the next year?

_____Yes _____No _____Don't know _____Depends

(Skip to 9A) T. On what does it depend? _____

_____

(Go to 9A)

(If thinking of getting a job)

U. What kind of work are you considering? (Probe: Anything in particular?)

V. Have you had a chance to actually go and look for a job?

_____ Yes _____ No

W. How is it you decided to look for a job now? Anything else?

X. Do you think you will go out and look for one, or is that something that will have to wait?

____ will look ____ will wait ____ depends

Y. Why is that? On what?

(If husband in home)

11A. What does your husband think about your working?

B. Is this something which is very important to him or doesn't it really matter too much?

(For everyone)

C. What does the rest of your family think about your working?

D. Is this something which is very important to them, or doesn't it really matter too much?

10A. What language is spoken in your home most of the time?_____.

B. Does everyone speak it? _____ Yes _____ No

(If No) C. Who speaks it?_____

D. Is another language used part of the time? _____ Yes _____ No
(If Yes) What language?_____
E. When is it used?_____.

F. Who speaks it? _____

11A. Do you have any doctor or doctors you see regularly? (Probe on each one mentioned, what kind of doctor, who sees him/her) _____

B. Who is it?_____

C. Do you have any dentist or dentists you see regularly? (Probe on each one who sees him/her)_____.

D. Who is it?_____

E. Do you know if you are eligible for Medi-Cal?_____

_____Don't know _____ Knows is eligible _____ Knows is not eligible

F. Have you ever used it?_____ G. Do you use it now?_____

H. Do you know if you are eligible for food stamps?

_____Don't know _____Knows is eligible _____Knows is not eligible

I. Have you ever used them?_____ J. Do you use them now?_____

K. Are you getting financial help from:

AFDC_____ Welfare_____ Other_____ (Probe, family, ex-husband, unemployment, disability, etc.)

12A. Do you have relatives in Santa Barbara?_____

B. Do you have compadres or comadres in Santa Barbara?_____.

C. Do you have acquaintances in Santa Barbara?_____

D. Have you made friends in Santa Barbara? _____.

(If Yes) E. Are any of them people you met here at the SBFCC?_____

F. Do you have anyone who can take care of your children if you want to leave the house for a few hours? _____ Yes _____ No

(If Yes) G. Is it a relative?_____

H. Is it a friend?_____

I. Is it an acquaintance?_____

J. Is it a person whom you pay?_____

For Dropouts before Fall '73

13A. Have you and your children become participants in any other program?

_____ Yes, other program _____ No, no other program (go to 14A)

B. What program/programs are they?

C. Who goes?

D. How is that working out?

14A. Have you had any contact with S.B. Family Care Center this year?

_____ Yes _____ No (go on to 15)

B. What kind of contact did you have?

15A. Do you have any plans to come to SBFCC again?

_____ Yes _____ No

C. Is there any special reason for that?

B. When do you think you might return?

(For all others except before Fall '73 dropouts)

Now the last thing we want to ask is for your ideas about this program.

14A. Have you found that in general coming to the SBFCC was helpful for you and your child/children, or hasn't it really been much of a help? Tell me the number that is closest to how you feel - number 1 is not much help and 5 is extremely helpful.

(Give R. card to see)

Not much help at all				Extremely helpful
1	2	3	4	5

Thinking now about your children and <u>their participation in the program</u>:

B. Was there anything in particular about the children's program that you especially like <u>for your children</u>?

Anything else?

(If something liked especially)

C. In what was was it especially important for your child?

(Ask for each facet of the program mentioned)_____

_____

_____

_____

D. Was there anything about the children's program that you didn't like?

_____

_____

_____

Anything else?_____

_____

_____

(If something disliked especially)

E. What did you dislike about that? (Ask for each facet of program mentioned)_____

_____

_____

_____

F. Have you observed any (other) changes in your child since you started coming to the FCC?

_____Noticed changes _____Didn't see changes

G. What are they?_____

_____

_____

_____

_____

(If R. has mentioned any changes)

H. Were any of these changed big things, or were they all really little ones?

_____ All little _____ Some big

I. Which changes were big ones?

J. In general - how would you rate the children's program for your children?

Not very helpful Very helpful

1 2 3 4 5

The children's program is planned for the children, but mothers participate in it. Let's talk about <u>your</u> participation in the children's program.

K. Was there anything in particular about the children's program that you liked especially for yourself? _____

_____

_____

_____

_____

Anything else? _____

_____

_____

_____

(If Something Else)

L. In what was was it especially important to you (Ask for each facet of program mentioned) _____

_____

_____

M. Was there anything about your participation in the children's program that you didn't like for yourself? _____

_____

_____

_____

Anything else? _____

_____

(If Something Mentioned)

N. What did you dislike about it? (Ask for each facet of program mentioned)

_____

_____

_____

O. In general how would you rate your participation in the children's program <u>for you</u>?

I got almost nothing out of it				I got a great deal out of it
1	2	3	4	5

Now - thinking about the mother's program.

P. Was there anything about your participation in the mother's program you especially liked for yourself?

Anything else?

Q. Why was _____ especially important for you (Ask for each aspect of program mentioned)

R. Was there anything about your participation in the mother's program that you didn't like for yourself?

Anything else?

S. What did you dislike about it? (Ask for each aspect of the program mentioned)

U. Taking everything into consideration, what were the most important things for you in the program? _____

_____

_____

_____

Anything else? _____

_____

_____

V. Has coming to the program changed your life in any way?

____ Yes ____ No

(IF YES)

W. Can you tell me more about that? _____

_____

_____

(IF HUSBAND IN HOME)

X. a. What does/did your husband think about your coming to this program?

_____

_____

_____

X. b. Is this something which is very important to him or doesn't it really matter too much? _____

_____

_____

(FOR EVERYONE)

Y. a. What does/did the rest of your family think about your coming to this program? _____

_____

_____

Y. b. Is this something which is very important to them, or doesn't it really matter too much? _____

_____

_____

(IF DROPOUTS SINCE FALL''73)

Z. How is it that you stopped coming to the program?_____

_____

_____

Anything else?_____

_____

15A. (If Participant) Do you plan to participate in the program next year?

_____Yes _____Depends _____No

B. On what does it depend? Why?_____

_____ _____

_____ _____

_____ _____

C. Next year what things would you especially like to keep the same?

In the children's program?_____

_____

_____

D. Why?_____

_____

E. In the mother's program?_____

_____

_____

F. Why?_____

_____

_____

G. What things would you like to be different?

In the children's program?_____

H. Why? How would you like it changed?_____

I. In the mother's program?_____

J. Why? How would you like it changed?_____